

ITEM NO: 1922891



1922891

Bound by
Abbey Bookbinding
Unit 3 Gabalfa Workshops
Clos Menter
Excelsior Ind. Est.
Cardiff CF14 3AY
T: +44 (0) 29 2062 3290
F: +44 (0) 29 2062 5420
E: info@abbeybookbinding.co.uk
W: www.abbeybookbinding.co.uk

**FOR
REFERENCE ONLY**



An Investigation of
Medieval Hospitals in
England, Scotland and Wales,
1066-1560

John Roberts

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed *S. J. Roberts* (candidate)

Date *24.9.07*

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed *S. J. Roberts* (candidate)

Date *24.9.07*

Signed *Raymond Howell* (supervisor)

Date *24th Sept 2007*

STATEMENT 2

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title to be made available to outside organisations.

Signed *S. J. Roberts* (candidate)

Date *24.9.07*

Signed *Raymond Howell* (supervisor)

Date *24th Sept. 2007*

AN INVESTIGATION OF MEDIEVAL HOSPITALS IN ENGLAND, SCOTLAND AND WALES, 1066-1560

John Roberts
University of Wales, Newport

**Thesis submitted in candidature for the
Degree of Ph.D. History and Archaeology**

SUMMARY

Until recent years research into medieval hospitals of England, Scotland and Wales has been a topic that has been somewhat neglected by historians and archaeologists. The majority of work carried out to date has focused on individual institutions, small geographical areas, or specific types of hospital. Whilst many of those studies have been well researched and highly informative, few have provided an insight into regional differences or similarities throughout these three countries. This thesis compares and contrasts a variety of aspects of medieval hospitals, such as the layout of the buildings, the saint(s) to whom they were dedicated, the type of people cared for in them, and the people who founded and ran them, in an attempt to identify any regional patterns that may have existed in medieval times.

As the length of period studied spans almost five hundred years, it is possible to examine the changes in development of medieval hospitals. Rising and waning popularity for those saints who were venerated in connection with care for the poor and the sick is tracked throughout the centuries covered in these pages. Likewise, the choices of design for hospital buildings from the 11th century to the 16th century are explored, along with the changes in the status of founders, and the number, type and gender of staff and inmates during that time frame. Periods of growth and decline in hospitals were apparent, the most notable being the falling number of hospital foundations across most of Britain in the late 13th century and the early 14th century. This is examined on a regional scale, as well as nationally, with a view to gaining a better understanding of the causes that may have resulted in such a decline.

CONTENTS

List of Tables	5
List of Figures	6
Acknowledgements	7
Abbreviations	8
1. Introduction	9
2. Founding Medieval Hospitals	22
3. Running Medieval Hospitals	54
4. Regional Distribution	79
5. Size and Layout	178
6. Conclusion	251
Appendix A – Abridged Database	262
Appendix B – Charts and Graphs	283
Appendix C – Founders	285
Appendix D – Dedications	286
Appendix E – Distribution Maps	288
Bibliography	294

List of Tables

1. Number of hospitals established by founders of various status	43
2. Regional summary of hospital foundations from 1066-1560	84
3. Regional summary of known hospital foundations from 1066-1100	168
4. Regional summary of known hospital foundations in the 12th century	169
5. Regional summary of known hospital foundations in the 13th century	169
6. Regional summary of known hospital foundations in the 14th century	170
7. Regional summary of known hospital foundations in the 15th century	170
8. Regional summary of known hospital foundations from 1501-1560	171
9. Regional summary of hospital foundations of unknown date	171
10. Founders of hospitals by date from 1066 to 1560	285
11. Founders of hospitals by region from 1066 to 1560	285
12. Founders of hospitals by type from 1066 to 1560	285

List of Figures

1. Savoy Hospital, London, <i>c.</i> 1517	40
2. Map of the Regions	81
3. Map of Medieval Hospitals in South-East England	138
4. St. John's, Canterbury, <i>c.</i> 1084	185
5. St. Thomas', Canterbury, <i>c.</i> 1190	188
6. St. Mary's, Strood, <i>c.</i> 1193	188
7. St. Bartholomew's, Bristol, <i>c.</i> 1300	191
8. St. Mary's, Ospringe, 13 th Century	195
9. SS Stephen & Thomas, New Romney, <i>c.</i> 1185	200
10. St. Giles by Brompton Bridge, North Yorkshire	201
11. St. Saviour's, Wells, <i>c.</i> 1436	209
12. St. Mary Spital, London, <i>c.</i> 1280	215
13. St. Mary Spital, London, <i>c.</i> 1400	216
14. Browne's Almshouse, Stamford, <i>c.</i> 1485	222
15. St. Giles', Norwich, 15 th Century	230
16. Poor Priests', Canterbury, 14 th Century	231
17. St. Anthony's, London, <i>c.</i> 1530	246
18. Number of hospitals from 1066 to 1560	283
19. Number of hospitals according to function from 1066 to 1560	283
20. Number of hospitals by region from 1066 to 1560	284
21. Number of hospital foundations from 1066 to 1560	284
22a. Distribution map of hospitals for poor, sick & travellers (11 th - 13 th Centuries)	288
22b. Distribution map of leper hospitals (11 th - 13 th Centuries)	289
22c. Distribution map of almsouses (11 th - 13 th Centuries)	290
23a. Distribution map of hospitals for poor, sick & travellers (14 th - 16 th Centuries)	291
23b. Distribution map of leper hospitals (14 th - 16 th Centuries)	292
23c. Distribution map of almsouses (14 th - 16 th Centuries)	293

Acknowledgements

I would like to thank Dr. Ray Howell and Dr. Madeleine Gray of the University of Wales Newport for their invaluable guidance and assistance throughout the whole process of preparing this thesis, and the helpful advice and comments they provided on its content. I am also grateful to the library staff at the University of Wales Newport for tracking down and obtaining a great many of the books, journals, and articles that provided much of the information needed to write this thesis. I would also like to thank the staff of the National Library of Wales, Aberystwyth for their assistance. Thanks are also due to the staff of a number of archaeological societies and trusts, particularly Sue Hughes of Glamorgan Gwent Archaeological Trust, Nina Steele of Gwynedd Archaeological Trust, Richard Jones of Cambria Archaeology, and the Royal Commission on the Ancient and Historical Monuments of Wales.

Abbreviations

BWMHG	Bath & Wessex Medical History Group
HA	Histopale Association
HTL	Heritage Trust of Lincolnshire
KAS	Kent Archaeological Society
RCAHMW	Royal Commission on the Ancient & Historical Monuments in Wales
RCHME	Royal Commission on Historical Monuments (England)
ULAS	University of Leicester Archaeological Services
USCY	University of Sheffield – The Cistercians in Yorkshire
VCH	Victoria County History
WCM	Worcester City Museums
YAT	York Archaeological Trust

1.

INTRODUCTION

Hospitals and their Origins

Some modern-day graduates in medicine are still required to swear an oath that dates back to the 4th century BC. The Greek physician and philosopher Hippocrates, after whom the Hippocratic Oath is named, wrote a number of medical treatises and is often regarded as the father of modern Western medicine. Over the following centuries knowledge of human anatomy and herbal medicines increased due to other Greek physicians and that knowledge was expanded on and recorded by Galen in the 2nd century AD. The Greek writings were later absorbed by Arabic physicians and in the 10th and 11th century Persian physicians, such as Ali ibn Abbas al-Majusi (Ali Abbas) and Abu Ali al-Husayn ibn Abd Allah ibn Sina al Balkhi (Avicenna ibn Sina), produced the medical encyclopaedias that were to influence medical knowledge in the West (Siraisi, 1990, 1-13). Hospitals were also introduced into the West from the East. In the Eastern provinces of the Roman Empire, institutions were accommodating the poor, the sick, and travellers by the 4th century, and these influenced similar establishments in Asia to the east and Italy and Gaul to the west in the 5th and 6th centuries respectively (Miller, 1997, 4). Amongst the first hospitals in Italy were two built in Rome in the 5th century and the first in France is believed to be the Hôtel Dieu in Lyons, established in the mid-6th century. However, the earliest hospitals in England that can be dated with any certainty were not founded until the late 11th century, following the Norman invasion, although earlier foundations have been suggested by some historians (Clay, 1909, xix; Knowles & Hadcock, 1994, 273, 283 & 286; Prescott, 1992, 1). However, it seems most likely that such institutions were introduced by the Normans at the same time that many new monastic establishments were being encouraged throughout the country. In Scotland and Wales, the first hospitals dated with certainty were founded in the 12th century.

From its earliest origins medicine had been linked with religion, and this continued to play a large part in the hospitals that were established to care for the sick, as well as those charitable institutions that cared for the poor and travellers. Many monasteries had infirmaries that cared for the monks or nuns when they were sick or old,

as well as hospices at the gates of the precinct to accommodate pilgrims and other travellers. Some medieval religious orders wished to extend this type of care to the secular poor and hospitals flourished along with the new monastic orders of the 11th and 12th centuries. Some orders were set up specifically to provide care for the sick or pilgrims, such as the Order of the Holy Ghost, which established hospitals in a number of European cities, including Rome. This order did not have an impact in Britain, but the Knights of St. John of Jerusalem and the Knights of St. Lazarus established around thirty hospitals in England and Wales by the end of the 13th century. The involvement of the Church in medieval hospitals meant that they were often more concerned with providing the patients with spiritual care rather than medical help. This was typified by the inclusion of a chapel at most hospitals and the religious staff who ran them.

As with earlier foundations, medieval hospitals were not only committed to caring for the sick. The poor and the aged were taken in, and travellers and pilgrims were also given temporary shelter. Regardless of the health of the inmate, the prime requisite for a patient to be admitted into a medieval hospital was usually his or her financial status, with most charitable institutions caring specifically for those in poverty. Compared to modern hospitals, those of the medieval period were generally very small, particularly those in England, Scotland and Wales. Although some hospitals on the Continent, such as the Hôtel Dieu in Paris, were accommodating up to about two thousand patients in the Middle Ages, the largest hospitals in England, Scotland and Wales only cared for two or three hundred people. Most, however, cared for twenty or fewer inmates. In summary, medieval hospitals in England, Scotland and Wales were generally small religious institutions that supported the poor, whether healthy or sick, although there were, of course, exceptions to the rule.

Aims of the Research

Until the last decade of the 20th century, the most comprehensive study of hospitals in medieval Britain was that of Rotha Mary Clay, whose book *The Medieval Hospitals of England* was first published in 1909. For the next eighty years the topic was largely neglected, although details of medieval hospitals were included in the lists of medieval religious houses compiled in the 1950s, and later revised in the 1970s, by

Knowles and Hadcock (England and Wales), Cowan and Easson (Scotland), and Gwynn and Hadcock (Ireland). Several books were published recording the history of individual hospitals founded in the medieval period, particularly London hospitals such as St. Katherine by the Tower (Jamison, 1952), St. Thomas (McInnes, 1963), and St. Bartholomew (Medvei & Thornton, 1974), but more general studies were not forthcoming. It was not until the 1990s that this vacuum began to be filled by more wide-ranging studies, such as those of Elizabeth Prescott (*The English Medieval Hospital 1050-1640*), Nicholas Orme and Margaret Webster (*The English Hospital 1070-1570*), and Roberta Gilchrist (*Contemplation and Action: The Other Monasticism*). These new studies were aided by information gleaned from the archaeological excavations that had gained new impetus in the 1980s, such as those at St. Mary's Hospital, Ospringe (Smith, 1980), and St. Giles Hospital, Brough, North Yorkshire (Cardwell, 1995). Further excavations and the new studies that have been published since 1990, now provide a good basis for a research project on medieval hospitals.

The aim of this research project was to investigate the available archaeological and historical evidence on medieval hospitals in England, Scotland and Wales, in an attempt to identify any discernable regional or temporal patterns relating to the distribution of such foundations and their structural layout. The time period chosen starts with the Norman Invasion of England in 1066 and ends with the Reformation in Scotland and the establishment of the Church of Scotland in 1560. Prior to the arrival of the Normans there is very little evidence of hospitals in mainland Britain, although there are a few candidates that may have been Anglo-Saxon foundations. The evidence is inconclusive though, and so consequently the year marking the start of the Norman period in Britain was chosen as a starting point, as this was the period when the first verifiable hospital foundations were made. The Reformation was chosen as a cut-off point for the research as this marked a significant change in the Church, which was a major driving force behind the founding and running of hospitals. Although this occurred earlier in England and Wales, the date of the Reformation in Scotland was the obvious choice as that country formed part of the research. The period of nearly 500 years meant that comparisons could be made over a sufficient length of time to make the research into temporal patterns a viable one. Similarly, choosing the three countries of England,

Scotland and Wales gave greater scope for the research into regional patterns than would be possible by choosing just one country. Incorporating Ireland into the research was also considered, but ultimately it was felt that its inclusion would have made the project too big.

Although this is a study of medieval hospitals, the geographical boundaries used when making regional comparisons were those in place at the time of the research. There were a number of reasons for this, the first of which was that identifying ancient boundaries accurately is often very difficult. Even if it were possible to do so, some of those boundaries were prone to frequent and significant changes during the five hundred year period that this research covers, and therefore using contemporary boundaries might have led to misleading results when making regional comparisons from one century to the next. The use of modern boundaries throughout this research provided a stable basis for regional comparison. Furthermore, these borders should be more easily identifiable for the reader, allowing words like 'England', 'Scotland' and 'Wales' to be used without the need to explain the boundaries of such places at the particular period being discussed.

Various aspects of medieval hospitals were considered when making regional comparisons, including the number of hospitals, the size and layout of the buildings, the type of inmates provided for, and hospital dedications. Hospitals founded throughout the half-millennium covered by this research were compared in order to track any changes or developments during that time period. The intention was to find out if hospitals were founded with any regularity over time, and how the type and number of hospitals compared from region to region. Such comparisons would reveal periods of decline on a regional as well as a national scale, and indicate any regional disparity in the need for various types of hospitals throughout the period. The area covered provided an opportunity to look at regional distribution within each of the three countries, and also to compare patterns of distribution between those nations, relationships between which were often far from cordial during the medieval period. Where regional differences were apparent, possible reasons were sought to explain them, and similarly any changes over time were investigated to better understand why they took place. In an effort to account for those differences, geographical variations were considered, along with social, political and religious events and changes. Those factors that were common on a national or a

regional scale were also highlighted, and often provided clues to help fill in some of the gaps in the details of individual hospitals.

As well as looking at numerical comparisons and those based on hospital function, hospital layouts were investigated in an attempt to find out whether they were constructed according to a standard design, as distinctly individualistic structures, or something in between. Comparisons were made between contemporary hospitals founded in different parts of the countries, based on the size and type of buildings, their orientation, their internal layout, and their overall plan. Ancillary buildings and external features, such as cemeteries, were also studied in an effort to identify any distinguishing patterns of size or position within the hospital precinct, and to consider whether or not they were regarded as an integral part of most hospitals. As part of the study of hospital layouts, monastic infirmaries were also examined briefly to provide a basis for comparison. As many hospitals were religious institutions to a great extent and often followed monastic rules, a discussion of infirmaries was therefore deemed beneficial for the study of hospital layouts. The aim of comparing hospitals with infirmaries was to gauge the degree of influence that some monastic orders had on the design and running of medieval hospitals. In addition to the layout of the buildings within hospitals, the location of the sites on which they stood also formed part of the research, with a study being made of where they were built and why those particular sites were chosen.

In addition to considering the structural aspects of the hospital buildings and their locations, some of the human aspects of medieval hospitals were also researched, including the people who founded them, the staff who ran them, and the inmates for whom they were established. The goal here was to find out if the position or status of a founder had any bearing on the type of hospital that was founded, and whether or not certain social groups were particularly active or inactive in various regions or at different times. Staff and inmates were studied in order to identify any changes in the type and number over the period covered by this research. Attitudes to segregation of men and women, and priests and lay persons were considered on a regional basis, and any possible changes over time were explored too. The functions of the hospitals were also taken into account in order to determine whether the type of inmates cared for in a hospital had any impact on its location or its layout. Other aspects of the running of hospitals that formed

part of the research included the duties of various members of the staff and the type of care given to inmates, and what changes to these were evident during the period in question.

The impact that religion had on medieval hospitals was also researched, and this included an investigation into hospital dedications. The chosen saints to whom medieval hospitals were dedicated were examined not only in conjunction with the functions of hospitals, but also to determine regional preferences for particular saints and periods of popularity and decline. The aim was to discover if certain saints were commonly associated with hospitals that cared for particular types of inmates, or whether hospital dedications were chosen on a more random basis. Regional comparisons were made to find out whether nationally venerated saints were honoured equally in hospitals throughout the regions, or whether there was any evidence for regional preference. The study was also intended to identify any local saints that were popularly associated with hospitals, and any saints that were particularly popular during a certain period. One of the objectives of identifying any regional patterns or periodic trends was to enable some of the unknown details of individual hospitals to be deduced based on the dedication. For example, the saint chosen by a hospital in a particular region or at a certain time might be indicative of the type of inmates that were cared for there.

Methodology

To achieve many of the aims and objectives of this research project a database of the known medieval hospitals in England, Scotland and Wales was compiled. The medieval hospitals listed in the Victoria County Histories of England published from 1904, and those of Clay (*The Mediaeval Hospitals of England*, 1909), Knowles and Hadcock (*Medieval Religious Houses, England and Wales*, 1994) and Cowan and Easson (*Medieval Religious Houses, Scotland*, 1976) provided the basis for the database. As most of these lists were compiled almost 30 years ago (the second edition of *Medieval Religious Houses, England and Wales* by Knowles and Hadcock was reissued in 1994, but was compiled in 1971), some of the information required updating. More recent national studies, such as those by Prescott (*The English Medieval Hospital*, 1992), and Orme and Webster (*The English Hospital*, 1995), and regional studies, such as those in

Wales (Cule, 1977), Scotland (MacLennan, 2003), Oxfordshire (Markham, 1997), London (Rawcliffe, 1984), and Bath (Manco, 2004) were referred to for further information. Hospital rules and charters, and historical studies of individual hospitals, like those of the hospitals of St. Giles in Norwich (Rawcliffe, 1999) and St. Katherine in Ledbury (Hillaby, 2003), also provided more details, as did the archaeological excavations of medieval hospitals that have taken place over the past 25 years or so, including those at Ospringe, Kent (Smith, 1980), Soutra, Scotland (Moffat, 1986-98), Brompton, Yorkshire (Cardwell, 1995), London (Thomas *et al*, 1997), Bristol (Price & Ponsford, 1998), and York (Cullum, 1993; York Archaeological Trust, 2004). Additional information was also gleaned from the Sites and Monuments Records of England, Scotland and Wales.

The information included on the database for each hospital was entered under a number of field headings, including the name or dedication of the hospital and its location, broken down into country, region, county, and town. Where county boundaries or names have changed, the current name of the county in which a hospital is situated was used for ease of reference, and the same applies in areas where country borders have changed since medieval times. Each hospital was categorised into one of twelve regions, two each in Scotland and Wales and eight in England. Scotland and Wales were split into north and south, whereas England was divided into the north-west and north-east, the east and west Midlands, central and eastern England, and the south-west and south-east (Fig.2). Regional boundaries were chosen to match county boundaries and the area covered by each region was kept as equal as possible, although some differences between the size of each region was unavoidable. Having Scotland divided into four regions instead of two would have made the sizes more equitable with those of England and Wales, but the boundaries and the sizes of some of the modern Scottish counties makes it difficult to divide the country into four meaningful regions. With far fewer hospitals in Scotland than in England, opting for two regions instead of four was preferable for the purposes of this research.

Other details included on the database were the date of foundation, and of re-foundation where applicable, and the date that the hospital closed. A date followed by a minus sign indicates that the hospital was founded in or prior to that year, whereas a date

followed by a plus sign indicates that it was founded in or after that year. In some cases only the century in which a hospital was founded is known. In order to include those hospitals in the various charts and graphs drawn up as part of the research, approximate dates were included on the database. For example, the year 1225 was used to represent the early 13th century and 1275 was used to represent the late 13th century. In such cases, the terms 'early 13th century' and 'late 13th century' were also included in an extra column in order to indicate that 1225 and 1275 are approximated dates. The same principals were used when entering the closure date of a hospital. Where the closure date of a hospital is not known precisely, but it is known to have survived the Dissolution, an entry of 1561+ was used. Also included on the database for each hospital was the name(s) of the founder, if known, with the name of the person who refounded a hospital included in the same column, although the name of the person who refounded it was placed in brackets. Other details included the function or type of inmates cared for at the hospital, and the number and gender of staff and patients. There is also a column for the religious order or rule that governed the running of the hospitals, and a column for general notes, such as the site grid reference or the size and layout of the building(s) where known.

The completed database contains a total of 1232 hospitals for England, Scotland and Wales. However, despite the recent studies and excavations, there are still some gaps in what is known about some of these medieval hospitals. For example, there are just over a hundred for which only an approximate foundation date can be given, and more than sixty for which no foundation date is known at all. The absence of information regarding the origins of some hospitals may be because they developed gradually from a relatively unstructured community of people with similar ailments or predicaments. By the time they had become established as hospitals in the real sense of the word, their origins may have been difficult to pinpoint and so foundation records were never officially drawn up. It is also probable that some records have been lost or destroyed, possibly during wars or disputes, and this would seem particularly likely for some of the earliest hospitals.

As well as hospitals with missing foundation dates, there are more than two hundred hospitals for which the name or dedication is not known. Some of these may simply have been named after the founder, such as Ford's Hospital in Coventry, or the town in which the hospital stood, such as Launceston Almshouse. This seems particularly

likely for many of the eighty or so hospitals of unknown name that were founded in the 15th or 16th century. Statistical analysis of the hospitals with known names indicates that almost two in five of those founded in the 15th and 16th centuries were not dedicated to any saint, whereas only one in twenty of those founded prior to the 15th century were not dedicated to a saint. Applying these statistics to the hospitals of unknown name would suggest that about one hundred and fifty of them are likely to have been dedicated to one or more saints. The decline in hospital dedications in the later centuries could be due to an absence of evidence during that period, but it is usually records from the earlier centuries that are the ones less likely to survive to the present day. The causes of fewer dedications may lie in a changing attitude towards saints and religion, particularly in connection with illness. The Church was unable to combat the Black Death in the mid-14th century, and later outbreaks of the plague may have led people to conclude that turning to religion for help during times of sickness and suffering was often a futile exercise. There may also have been an increasingly genuine concern for the needy by the general public. Many of the later almshouses were established through a community effort, usually directed by guilds and similar co-operatives, or funded by wealthy benefactors, and it was their names that were often honoured rather than those of saints.

There are almost one hundred and fifty hospitals for which the type of inmates admitted is not known, and about two hundred and fifty for which the closing date is not known. The largest gaps, however, are in the identity of the founders and the number and gender of staff and inmates, with at least one of these details lacking for over a thousand of the entries on the database, and all these fields being empty for about half of those. The number of inmates accommodated is known for about three hundred hospitals, and in the majority of cases (88%) that number was twenty or less, with less than 6% accommodating forty or more inmates. Most hospitals also had few staff, with 94% of those for which the numbers are known having thirteen or fewer staff. The gender of the inmates is known for nearly five hundred hospitals, with less than one in ten accommodating women only, compared to more than one in three that were founded specifically for men. Although the general location of most hospitals is known, such as the town or county, the specific location is sometimes difficult to ascertain. Whilst the site of almost eight hundred hospitals can be pinpointed with some accuracy, there are

more than four hundred for which the precise site cannot be determined with any confidence. The size and layout of the buildings is even more elusive, with documentary evidence and archaeological investigations providing details for only about four hundred hospitals. Although limited, the evidence covers a range of time periods and regions that is sufficient to allow a study of locations and layouts.

Despite some of the gaps in the completed database, it proved very useful in identifying a number of patterns that lay within the boundaries of the research aims outlined above. However, it also raised other questions that are undoubtedly worthy of further research, but which lie outside the scope of this thesis. There were also several aspects of medieval hospitals that were not covered in this research, such as medical treatment provided to inmates or the iconography found within the buildings, and this was mainly due to the size limitations of this thesis.

Structure of the Thesis

Once the database had been completed the information was used to carry out statistical analyses on a number of topics that were relevant to the research. Tables were compiled based on regions, dates of foundation and closure, hospital dedications, types of inmate, and founders, and these were used to indicate regional and temporal patterns and highlight anomalies that were worthy of further research. The main thrust of the project was to investigate regional distribution of medieval hospitals and thus a large proportion of this thesis covers the research into that topic. Each of the twelve regions is discussed individually in chapter four, and this includes a county-by-county analysis. The focal points of the regional discussion are the number and type of hospitals founded and the hospital dedications, and whether any changes are evident throughout the period. Whilst this chapter is broken down into the different regions, other parts of the thesis are divided into different centuries, whilst others are simply divided into relevant subjects, although any apparent regional differences or chronological changes are highlighted throughout the entire thesis. Although the chapter on regional distribution includes a number of aspects of medieval hospitals, the layout of the buildings was too large a topic to be included, and consequently a separate chapter has been devoted to this subject. Other chapters cover the founding of medieval hospitals, which includes discussion and

analysis of founders and locations of those institutions, and the running of medieval hospitals, which includes the staff and inmates and the care that was provided.

Although the care provided in medieval hospitals is discussed in chapter two, medical treatment in medieval times did not form a large part of the research project. Whilst physicians, surgeons, apothecaries, and others did provide medical services throughout the period, they were usually costly to hire and were more likely to treat the wealthy rather than the poor. Hospitals relied on charitable donations to survive and there is little evidence that such professionals were employed to treat hospital inmates in England, Scotland or Wales before the 16th century. The Pantokrator Xenon in Constantinople was employing physicians in the 12th century, and other hospitals of the Eastern Roman Empire may have been doing so as early as the 7th century (Miller, 1997, 12-29), yet very few hospitals in medieval Western Europe afforded their inmates that luxury. Permanent physicians and surgeons were employed at the Hôtel Dieu in Paris and the Ospedale di Santa Maria Nuova in Florence in the 14th and 15th centuries, but the first hospital in England, Scotland or Wales to employ permanent medical staff was the Savoy Hospital in London, founded by King Henry VII in the early 16th century and completed after his death (Miller, 1997, 5; Siraisi, 1990, 39; Rawcliffe, 1984, 9; Prescott, 1992, 71).

Furthermore, the Lateran Council of 1215 placed restrictions on the clergy that effectively prevented many of those who staffed hospitals from providing surgical treatment for inmates. Medical diagnosis in the medieval period was frequently made on the basis of Classical theories about the four humors of the human body – choler (yellow bile), phlegm, black bile, and blood. An imbalance of these was seen as a cause of illnesses and was sometimes treated by phlebotomy (blood-letting), a practice banned by the Church in 1215 (Rawcliffe, 1997, 53 & 112; Rawcliffe, 1998, 13-21). Herbal remedies were also used to treat illnesses, and although professional diagnoses may not have been available in hospitals, such treatments could still be provided by experienced carers in conjunction with favourable diets and sympathetic nursing. It is this aspect of care in medieval hospitals that is discussed in this thesis, rather than the wider issue of medieval medicines and surgical procedures carried out by doctors on rather wealthier patients. Unlike modern hospitals that generally seek to provide medical treatment in the hope of curing the body, the concern of medieval hospitals was often more inclined to

provide succour for the soul, and this religious attitude towards care in hospitals is also discussed in chapter two.

The appendices to the thesis contain an abridged version of the database compiled as part of the research project (Appendix A) and a number of tables, charts and graphs that have not been included in the main body of the thesis. The abridged database includes every hospital contained in the complete database, but some of the fields have been omitted as a space-saving measure. The country in which the hospital was located has been omitted as the region it was in provides this information. Also omitted are the fields containing the refoundation date, the name of the founder, and the order to which the hospital belonged or under which it was run. The general notes are also excluded from the abridged version as these are simply too lengthy to be included. Some of the tables, charts and graphs included in the appendices have been drawn up using certain information that has been left out of the edited database, such as the hospital founders (Appendix C), and thus go some way to compensating for the omissions. Obviously some of the information contained in the general notes on each hospital was used in the various areas of research, particularly those regarding the location and the layout of hospitals. Most of the information found in the original database is therefore conveyed somewhere within the thesis, and hopefully the alterations made to enable its inclusion in the appendices do not detract greatly from its usefulness.

It is worth mentioning at this point some of the choices made during the writing of this thesis with regard to spelling. There are a number of hospitals dedicated to St. Mary Magdalen or St. Catherine, for example, although the names are quite often spelt differently, such as Mary Magdalene or Katherine. To enable database filters to be used more efficiently, a single spelling of a name has been adopted to represent all variations in the database and this has been carried through into the thesis (although in the abridged version of the database some of these have been abbreviated, such as Mary M. to represent Mary Magdalen). The choice of the name adopted, however, is purely a personal preference and is in no way intended as a correction to a perceived misspelling by others. Similarly, where a particular place or person is referred to by a variety of different names, a single name has been used consistently throughout the thesis. For example, hospitals dedicated to St. Mary the Blessed Virgin, the Blessed Virgin Mary, St.

Mary the Virgin, the Blessed Virgin, Blessed Mary, or Our Lady are all referred to as St. Mary the Blessed Virgin for the purpose of this research. Those dedicated to the Assumption or the Annunciation are not included under St. Mary the Blessed Virgin though.

Certain words are used that perhaps need some explanation too. The word 'staff' is used to refer to those who ran the hospitals internally, although this word was seldom used in contemporary documents to describe the master, priests and lay persons who undertook the task. This word has been used for the sake of expediency and generally refers to all classes of people who worked in medieval hospitals. The word 'inmate' is also used frequently when referring to someone who received care at medieval hospitals, and this seems to be a generally more acceptable word than 'patient', which is commonly perceived to mean a sick person who receives medical care in a modern hospital. Not everyone who entered a medieval hospital for help was actually sick; many were just poor or old, or were weary travellers seeking rest and shelter for a night or two. To refer to such people as patients may be misleading, and so they are more often termed inmates, although in some cases the word 'patient' is justified.

2.

FOUNDING MEDIEVAL HOSPITALS

Introduction

Unlike hospitals of today, where the emphasis is on curing the sick, medieval hospitals were first and foremost religious institutions established to care primarily for the poor. The importance of religion is evident in all aspects of hospital life and heavily influenced those who founded and endowed them. By providing charitable support for the poor and needy a patron or benefactor would expect those who received such charity to pray for their soul, thus granting them remission in Purgatory. This was often a condition specified by the founder or benefactor. In the early 14th century for example, Henry Gower, bishop of St. David's, wrote to the king seeking permission to found a hospital in Swansea. In his letters he stated that he wanted "to found a hospital of chaplains to pray for the king, and for the souls of all ancestors and the benefactors of the hospital" (Rees, 1975, 163-4). When Matilda, Queen Consort of King Stephen, founded the hospital of St. Catherine by the Tower of London in 1147, she stated in her Charter that the "church of the Holy Trinity shall maintain in the said Hospital in perpetuity thirteen poor persons for the salvation of the soul of my lord King Stephen and of mine and also for the salvation of our sons Eustace and William and of all our children" (Jamison, 1952, 177).

The expense of providing a hospital for just a handful of people meant that it was generally only the church and the noble classes who could afford to found them, although alms were sought from anyone willing and able to donate any gift, no matter how large or small. Once the land on which to build the hospital had been obtained, the cost of erecting it had to be covered, but the founder's responsibilities did not normally end there. The wherewithal for the institution to support itself financially had to be provided, and it was usual for the founders to grant hospitals a regular income from rents and other endowments. Hospitals often sought to enhance their annual income through property transactions, and some sent officials far afield in search of potential benefactors. Others obtained holy relics or papal indulgences in order to attract donations from pilgrims and other visitors. Although in the 15th and 16th centuries some founders frowned on inmates

begging for alms and forbade it in their hospitals and almshouses, this was yet another method utilised by hospitals to increase their income.

The importance of attracting financial support from passers-by made the choice of location very important for those founding a hospital. There were also certain laws and regulations that had to be adhered to when considering suitable locations for a hospital. Most of the regulations had a bearing on hospitals founded in an urban area rather than a rural area, and it was in and around towns that the majority of hospitals were built. Other considerations included a suitably large tract of land on which to erect the necessary hospital buildings, and the proximity of a water supply. Some hospitals were erected on sites previously occupied by other buildings, such as the hospitals of St. Mary in York and St. Michael in Newcastle, both founded on sites previously occupied by Carmelite friaries (Richards *et al*, 1989, 6; Knowles & Hadcock, 1994, 206), but most were built on new sites. Some were created in pre-existing dwellings, like the 13th century hospital of St. Bartholomew in Bristol, which was founded in a Norman hall built in the previous century (Price & Ponsford, 1998, 34). This re-use of existing buildings was popular with the founders of almshouses in the 15th and 16th centuries, who sometimes purchased houses to be converted into homes for the poor, or willed that their own houses be put to that purpose.

The initial financial outlay and acquisition of the appropriate site were the two main issues to be tackled when founding a hospital, and this chapter will examine those who founded these institutions in the medieval period, and where they were located. Unfortunately, precise information about the foundation of many medieval hospitals is hard to come by, and this includes the names of those who founded them. We only know the identity of the founder at less than half (44.7%) of all medieval hospitals, and for about one fifth (20.3%) of those, all we have is a name. The result is that we only have details of founders at less than five hundred hospitals (Table 1). They included people from across a wide spectrum of medieval society, including kings and queens, bishops and abbots, lords and ladies, mayors and merchants. For the purpose of this study and the associated tables, a number of categories of founders have been used. The categories and what they include are as follows:

1. Royal = kings, queens, princes, princesses, and consorts.
2. Episcopal = archbishops and bishops.
3. Ecclesiastical = archdeacons, deans, sub-deans, canons, chaplains, vicars, reverends, rectors and priests.
4. Monastic = abbots, abbesses, priors, friars, monks, nuns and hermits.
5. Ducal = dukes, duchesses, earls, counts and countesses.
6. Noble = barons, lords, ladies, knights, noble landowners, chancellors, stewards and constables.
7. Mayoral = mayors, sheriffs, provosts, aldermen, MPs and JPs.
8. Mercantile = merchants and guilds.
9. Civic = townsfolk and civilians.
10. Other = those of unknown rank or status.

Some tables simply distinguish between noble founders, church founders and civic founders, and in such cases 'noble' includes 1, 5 & 6 of the above, 'church' includes 2, 3 and 4, and 'civic' includes 7, 8 and 9. In instances where a founder may be included in more than one of the above category, such as a knight who becomes mayor, that founder has been included in the category that is most applicable when the hospital foundation was made. For example, if a knight founded a hospital before taking the office of mayor, then the hospital is categorised as a noble foundation, whereas if he founded it whilst in office, it would be classed as a mayoral foundation.

Founders

11th Century

Although there is evidence for only fourteen hospitals founded between 1066 and 1100, most were founded by high-ranking men. The first two Norman kings were involved in the foundation of hospitals in England. The hospital of St. Leonard in Northampton was first recorded in the mid-12th century as a hospital for sick men, but it is traditionally believed that William the Conqueror founded it as a leper hospital in the

previous century (Knowles & Hadcock, 1994, 380). The dedication would seem to back up the claim that it was originally founded for lepers, with St. Leonard being more commonly associated with *leprosaria* in England than any other type of hospital. This was certainly the case in Central England, where over 90% of hospitals named after this saint were built to house lepers. Although the hospital of St. Peter in York may have been founded prior to the Norman Conquest, it is not known whether this institution was originally independent from York Minster, which was also dedicated to St. Peter and stood on the same site. William the Conqueror apparently granted land to the Minster upon which the canons built a house for the poor, possibly marking its independence, and William Rufus later moved the hospital to a new site, probably as a consequence of the development of the Minster that was started in 1079 (Cullum, 1991, 5).

In the last two decades of the century, Lanfranc, archbishop of Canterbury, established hospitals in Canterbury and Harbledown, whilst bishops of Bath and Worcester were also responsible for founding hospitals in their respective dioceses. Lanfranc founded a hospital for thirty men and thirty women outside the Northgate of Canterbury, and also provided a church and a college on the opposite side of the road for the priests who served it. At Harbledown, about a mile to the west of Canterbury, the archbishop also founded a hospital for the same number of lepers (Godfrey, 1929, 102). The leper hospital of St. Mary Magdalen, Bath was founded on land given by Walter Hussey to John of Tours, bishop of Bath in the late 11th century. The property granted by Hussey included his house in Holloway and a private chapel already dedicated to Mary Magdalen, and was probably given to the bishop following Hussey's appointment as sheriff of Wiltshire c.1094. The property stood alongside a major road outside Bath and had a spring running past it nearby. Although the actual hospital is not recorded until 1212, the location was ideal for a leper hospital and John of Tours, who was formerly physician to the king, would seem to be an ideal candidate for the founder (Manco, 1998, 22-3). At Worcester, the Saxon Bishop Wulstan founded a hospital on the site of the Saxon chapel of St. Gudwal. Located just outside the Sidbury gate, it was ideally located to provide for needy travellers. Wulstan was canonized in 1203 (Farmer, 2004, 551), and the hospital was not surprisingly dedicated to its founder, although in the late 13th century it became known as The Commandery, probably in remembrance of one of its masters,

Walter, who gained the military title of Commander during the crusade of King Edward I (WCM, 2001).

There were four hospitals founded by other men of nobility. The hospital of St. Nicholas at Lewes was founded by William de Warenne, a major landowner who was later created first earl of Surrey. He and his wife, Gundreda, had founded the Cluniac priory of St. Pancras in the town a decade earlier, and the hospital was placed under the control of this priory (Knowles & Hadcock, 1994, 100). The leper hospital of St. Leonard, Launceston was founded originally on land given to the lepers by Brian, earl of Cornwall, although it was moved to a new site in the mid-13th century. Identification of this Brian is problematical, but the most likely candidate is Brian of Brittany (d.1075), a son of Eudo, count of Penthievre and Regent of Brittany, who was granted most of Cornwall by William the Conqueror in 1068. (Knowles and Hadcock, 1994, 369; Orme and Webster, 1995, 200). In the 11th century Nantwich was known as Wich Malbank, after its lord, Baron William Malbank, and it was this noble who founded the hospital of St. Nicholas in the town c.1087. The town had been one of three main salt production centres in Cheshire, but by the end of 1070 had been laid waste by William the Conqueror as a result of his 'Harrying of the North'. Of the eight salthouses owned by the king and the earl, and the numerous others owned by men of the district in 1066, only one was still operating when William Malbank was granted the lordship (Higham, 2004, 178-9). Malbank began redeveloping the town and the hospital may have been founded in connection with perceived healing properties of the brine spring known as 'Old Biot'. At the end of the 11th century a hospital for leprous women was founded at Alkmonston, Derbyshire by Robert de Bakepuze, and in the following century it was further endowed by his son, John. This noble family continued to hold the patronage of the hospital of St. Leonard until the line died out in the late 14th century (Sweetinburgh, 2004, 40).

There were a further three hospitals that may also have been founded by nobles in the 11th century. At Battle and at Durham there were hospices run by the Benedictine houses of those towns, and it seems likely that these were either founded by those who had established the monasteries in the 11th century (William the Conqueror and William of St. Carileph, bishop of Durham respectively), or built by the monks themselves. At Pontefract, Robert de Lacy founded the Priory of St. John the Evangelist in 1090, and

granted it custody of the nearby hospital of St. Nicholas (Knowles & Hadcock, 1994, 102). According to the Domesday Book, the manor of Tateshall, now represented by Tanshelf in north-western Pontefract, was granted by William the Conqueror to Ilbert de Lacy, who founded a castle there in 1082. Within the boundaries of Tateshall alms were provided for the poor, although a hospital is not mentioned *per se* (Hinde, 1985, 310). It therefore seems likely that the hospital was founded by Ilbert or Robert de Lacy in the 1080s to accommodate the poor, although an earlier foundation date cannot be totally discounted.

12th Century

The earliest royal foundations in the 12th century were probably influenced by Matilda, first wife of King Henry I of England, and daughter of King Malcolm III of Scotland and his wife, Margaret. Margaret was renowned as a founder and beneficiary of churches, monasteries and hospices for poor pilgrims, and was eventually canonized in the mid-13th century (Farmer, 2004, 347). Her daughter appears to have continued her mother's benevolence towards the needy, showing particular compassion for lepers and founding hospitals for them at Holborn and at Chichester. After her death in 1118, Henry continued her charitable work towards lepers and founded at least three more *leprosaria* in England. According to a confirmation by Edward III, Henry also founded a fourth at Lincoln, although the Holy Innocents' Hospital may have been founded in the late 11th century by Remigius, bishop of Lincoln, who transferred the see from Dorchester and founded Lincoln Cathedral (Knowles & Hadcock, 1994, 371; Greenway, 2002, 34). Henry also instructed Eudo, founder of Colchester Abbey, to build a hospital for lepers that was to be governed by the abbey.

Henry's second wife, Adeliza of Louvain, also contributed to the welfare of those suffering from leprosy by founding a hospital at Wilton in Wiltshire and endowing the hospital of St. James at Arundel, West Sussex (Knowles & Hadcock, 1994, 403; Marcombe, 2004, 35). After Henry's death, Adeliza married William d'Albini, earl of Arundel, who endeavoured to emulate the efforts of his wife and the late king by granting land at Wymondham to the Knights of St. Lazarus, upon which to found a cell for leprous brothers. Whether the Lazarites actually founded a house for lepers is uncertain, but

Albini certainly founded a leper hospital at Castle Rising in Norfolk, as well as a hospital for the poor sick at Newstead in Lincolnshire.

The Scottish descendants of Margaret also founded hospitals in both Scotland and England. At Soutra in Lothian, her great grandson King Malcolm IV founded a hospital for the poor and travellers by 1164 (Cowan & Easson, 1976, 192), and his brother, King William the Lion, presumably founded the almshouse attached to the abbey he founded at Arbroath in 1178 (*ibid.* 169). In 1157, King Henry II of England confirmed on Malcolm IV the title of earl of Huntingdon, a title originally bestowed upon Malcolm's father, Henry, by King Stephen in 1136 (Greenway, 2002, 68). Shortly afterwards, Malcolm founded a hospital for lepers and other sick in Huntingdon, which he dedicated to St. Margaret. As his great grandmother was not canonized until the following century, the hospital was presumably dedicated to her saintly namesake, Margaret of Antioch, although an early unofficial recognition of Margaret of Scotland as a saint may have lain behind the hospital dedication. A second hospital at Huntingdon was founded by David, earl of Huntingdon in the time of King Henry II. Despite suggestions that this refers to King David I of Scotland (Clay, 1909, 260), it seems more likely that the founder was the younger brother of Malcolm IV, who held the title in the second half of the 12th century.

The hospital for poor and wayfarers at North Queensferry in Fife may also have been founded by a member of the Scottish royal family in the late 11th or early 12th century. An endowment of land was made to the hospital by King Malcolm, but whether this was Malcolm III (d.1093) or Malcolm IV (d.1165) is uncertain. An endowment by the former would support the claim that it was founded by Margaret of Scotland, his wife, and would point to its foundation in the 11th century (Clay, 1909, 71; Cowan & Easson, 1976, 189). It was attached to Dunfermline Abbey, possibly founded by Margaret around 1070, and it may be that the hospital was established at this crossing point over the Forth to house poor pilgrims visiting the abbey. Even if the endowment is proved to have been made by Malcolm IV, a royal foundation cannot be discounted, as a royal endowment could indicate a vested interest in the hospital resulting from its founder being a member of the royalty.

Few royal foundations were made during the troublesome reign of King Stephen, but there was renewed impetus when Henry II, grandson of Henry I and Matilda, came to

the throne. Again the emphasis was on leper hospitals, and this continued throughout the rest of the century with further foundations made by King Richard and his brother, John of Mortain. The latter founded the leper hospitals of St. Leonard, Lancaster (Knowles & Hadcock, 1994, 368) and St. Laurence, Bristol (Parker, 1922, 157) before succeeding Richard as king. Although King Stephen's only contribution to hospital founding was the new church of St. Leonard in York (Cullum, 1993, 14), his half-brother Henry, bishop of Winchester, founded a leper hospital and a hospital for the poor, both in Winchester. In addition to these two hospitals, there were at least another twenty-three episcopal foundations in the 12th century, most of which were built in England. In Norwich, Bishop Herbert de Losinga made plans to found St. Mary Magdalen's leper hospital and St. Paul's hospital for the poor sick in the early part of the century, although the latter may have been erected as a monastic foundation after his death (Rawcliffe, 1995, 61). In Durham, Bishop Hugh Pudsey also provided for both the poor and lepers. In the second half of the 12th century he refounded the poor hospital of St. Giles, Kepier, and then founded a new hospital for lepers at Sherburn.

Although a few bishops and archbishops provided facilities for both the poor sick and for lepers, either in separate foundations or in the same hospital, most episcopal foundations were intended for the poor and sick only. The only bishops that may have established hospitals in the 12th century specifically for lepers rather than for the poor sick were Robert de Chesney, bishop of Lincoln and Nigel, bishop of Ely. At Clattercote in Oxfordshire, the leper hospital of St. Leonard existed in Bishop Robert's time, and it is possible that it was founded by the bishop himself (Markham, 1997). In Ely, alms were paid by the sheriff to the bishop in 1162 for "his hospice", which probably refers to the leper hospital of St. Mary Magdalen, although this may have been originally founded as a hospice for pilgrims visiting the shrine of St. Etheldreda (Cobbett & Palmer, 1936, 77; Knowles & Hadcock, 1994, 357; Rubin, 2002, 129).

Of the twenty-two monastic foundations of the 12th century, half were established to care for lepers and just under a third were built to care for pilgrims and poor travellers. Most were located across central and eastern England and the south-east, with just four in the north and none elsewhere. Most were Benedictine foundations, the only exceptions being the four in northern England and the hospital of St. Bartholomew, which was

founded by Rahere in 1123 at Smithfield in London. The latter was a house for the new monastic order of Augustinian Canons that cared for the poor sick (Medvei & Thornton, 1974, 20), and the northern hospitals also appear to have been founded as houses of the Order of St. Augustine.

The earls of England and Scotland were equally as active at founding hospitals as the royalty, the episcopacy, and the abbacy. Unlike the other classes of founders though, they were much less inclined to establish *leprosaria*. Only a quarter (6) of their foundations were leper hospitals, and two of those were founded by William d'Albini, earl of Arundel, who was driven to do so as a result of his marriage to Adeliza, widow of King Henry I (see p.27). Similar numbers of hospitals were founded to care for the poor (6), the poor sick (5), and poor travellers (6), although the function of these hospitals does show some regional variation. Five of the six hospitals for the poor were in East England, the other being in the East Midlands, whereas four of the five hospitals that cared for the sick were in the Midlands, the other being in Central England. Two of the hospitals for poor travellers were also in the West Midlands, with two in South-East England and the other two in Scotland. The focus on founding hospitals in the east solely for the poor, suggests that the needs of the sick and poor travellers were already being met by hospitals set up in that part of England by others, in particular the church and the monasteries.

The more general diversity of hospitals founded by the earls of the 12th century was matched by those founded by the lesser nobles, although very few of them were established specifically for pilgrims and poor travellers. Excepting the episcopal foundations already mentioned, the few ecclesiastical foundations of the 12th century generally accepted poor, sick and travellers, but not lepers, the only exception being the hospital of St. Mary Magdalen in King's Lynn which allowed three of its brothers or sisters to be infirm or leprous (Knowles & Hadcock, 1994, 367). In contrast, five of the hospitals that were founded by townsfolk in southern England were for lepers, including the hospital of St. James in Westminster, which was for thirteen leprous women and was better endowed than most other hospitals in the London area (Honeybourne, 1963, 54).

13th Century

King Henry III proved to be as enthusiastic a founder of hospitals as the first two English kings of the same name had been. He began by rebuilding St. Mary's Hospital at the court place of Woodstock, Oxfordshire in 1220 (Markham, 1997), and the following year he may have founded the leper hospital of St. Mary Magdalen at Bamburgh during a royal visit to the Northumberland town (Knowles & Hadcock, 1994, 340). Between c.1230 and c.1255 he founded another six hospitals, including houses for Jewish converts in London and Oxford. Unlike his predecessors, he did not concentrate his efforts on providing shelter solely for lepers. As well as the two establishments for Jewish converts, he founded hospitals for the poor sick and for travellers. In addition to founding new hospitals, he also refounded the hospital of St. John the Baptist on a new site in Oxford. Originally built outside the wall to the north-east of the town in the late 12th century, Henry re-sited it on land acquired from the Jews of Oxford, who had been using it as a cemetery (Durham, 1991, 19-23). In 1273, Henry's widow, Eleanor of Provence, refounded the hospital of St. Catherine by the Tower of London, some twelve years after successfully wresting the patronage from the Priory of Holy Trinity in Aldgate (Jamison, 1952, 13-21).

The reign of Edward I witnessed an almost complete cessation of royal foundations in England, the only possible exception being the hospital of St. John the Baptist at Gorleston in Norfolk, which was probably founded by his consort, Queen Eleanor of Castile (Clay, 1909, 79). The only hospital traditionally held to have been founded by Edward I was the Knights Templar hospital in Rhuddlan, North Wales, built in 1279 (Cule, 1977). The hiatus of royal foundations following the death of Henry III is mirrored in the episcopal and ecclesiastical foundations of the 13th century. Only three of the hospitals founded by bishops and archbishops were established after 1272, and all three were built in Pembrokeshire, South Wales, by Thomas Bek, bishop of St. David's (RCAHMW, 1925, 143, 334-5, & 385). The only ecclesiastical foundation in England after that date was the almshouse of St. Mary the Blessed Virgin in Dodderhill, Worcestershire, founded in 1285 by the rector, William Dover (Knowles & Hadcock, 1994, 356). The majority of the earlier foundations were located in southern England or the West Midlands, the exceptions being two hospitals for the poor in northern Scotland,

three hospitals in north-east England founded by different bishops of Durham, and three hospitals in eastern England. As in the previous century, the emphasis of episcopal and ecclesiastical hospitals was in caring for the poor and the sick, although travellers and clergy were more frequently admitted than in preceding centuries. The only hospital for lepers was that of St. John the Baptist in Oswestry, Shropshire, founded in the first decade of the century by Reyner, bishop of St. Asaph, and later granted to the Knights Hospitallers (Knowles & Hadcock, 1994, 383).

Very few monastic foundations were made during the 13th century, and it is unlikely that any were founded during the reign of Edward I. Most were located in the east or south-east of England, the only exception being a possible leper hospital founded by the Dominicans at Papcastle in Cumbria, although evidence for this hospital is somewhat incidental (Wiseman, 1987, 87). As with the more prolific foundations of the previous century, half of these hospitals were for lepers. The other half were created to care for the poor only, with no foundations made specifically with the sick or travellers in mind, although the small number of foundations limits the conclusions that may be drawn from this fact.

Although the number of hospitals founded by the earls of the 13th century fell by a third compared to the 12th century, the number of those founded by lesser nobles did not change appreciably. Again there were almost as many leper hospitals founded as there were hospitals for the sick or for the poor, but more foundations in the 13th century were established for poor travellers or pilgrims. This increased concern shown by the nobles towards sheltering travellers may have been a result of the decrease in number of monastic foundations, which had previously catered for the needs of pilgrims, particularly across central and south-eastern England. Of the seventeen foundations made by the nobility in that area in the 13th century, over a third (6) of them admitted poor travellers, whilst in other regions the secular church provided increasing support for poor travellers. Of the fifty-five hospitals founded in total by nobles, at least forty-eight were founded before the reign of Edward I. There were possibly five foundations in Scotland and north-eastern England made between 1273 and c.1293, although the hospital of St. Cuthbert in Ballencrieff in East Lothian and the leper hospital at Corbridge in Northumberland are likely to have been founded earlier in the century (Cowan & Easson, 1976, 170; Knowles

& Hadcock, 1994, 394). In Plympton near Plymouth, the leper hospital of St. Mary Magdalen was founded by Isabella de Fortibus, countess of Devon and Albemarle, who died in 1293 (Orme & Webster, 1995, 257), although it is possible that this too was founded before the reign of Edward I, as she had been countess of Devon for about a decade before he came to the throne.

As in the previous century, the few hospitals founded by the general townsfolk were established predominantly for lepers. That of Kingsland, founded by citizens of London in 1280, was located two miles outside the walls and proved a useful aid to the first governor of Hackney, William Walssheman, when he later promised not to allow anyone with leprosy to enter the city (Honeybourne, 1963, 31-2). A similar oath was taken by Mayor Robert de Bernham of Berwick in the mid-13th century, who directed those infected with the disease to the leper house outside the town which had been founded by the local guild (Cowan & Easson, 1976, 171). The end of the century may have seen the first hospital foundation by a mayor, laid out by Simon Burton, mayor of Bristol on several occasions during the late 13th and earlier 14th centuries. However, there is a great deal of uncertainty as to the origins of this almshouse, mainly due to the existence of a second mayor called Burton in the 15th century and the late tradition of associating the name Burton with the almshouse. John Burton did not mention the almshouse in his will of 1454 though, and a reference of 1385 to a house in Long Row, where the almshouse stood, would seem to indicate that its foundation predated him (Sampson, 1909, 89; Marochan & Reed, 1959, 119; Price & Ponsford, 1998, 201).

14th Century

The decline in royal foundations that began with King Edward I was most apparent in the 14th century. The reign of his son, Edward II, passed without any new royal hospitals, despite the famine and disease suffered by the population in the second and third decades of the 14th century as a result of the severities of the weather. King Edward III was almost as neglectful as his father, his only contribution being the support provided for twenty-four poor and infirm knights as part of his reconstitution of the secular college of St. George's Chapel at Windsor (Knowles & Hadcock, 1994, 444). At the end of the century, King Richard II left some five or six thousand marks to the lepers

of Bermondsey and Westminster in his will, the wording of which suggests that he was patron of both. The hospital of St. James had been founded in the 12th century by the citizens of London, but it may be that Richard was founder as well as patron of a leper hospital at Bermondsey (Honeybourne, 1963, 13).

There were far fewer episcopal foundations in the 14th century than in the previous two centuries, and most, if not all, were founded in the early part of the century. Between 1309 and 1312 the bishop of Exeter, Walter Stapledon, erected a hospital for poor sick clergy at Bishop's Clyst, near Exeter (Orme & Webster, 1995, 217), and, in 1332, Henry de Gower, bishop of St. David's, founded a hospital at Swansea in South Wales for the same purpose (Portsmouth, 1970, 1). In the first decade of the century the leper hospital of SS Mary and Clement was built outside St. Augustine's Gate, Norwich. This may have been founded by the bishop of Norwich, although in the 16th century its founder was recorded as Margaret, countess of Lincoln, probably referring to Margaret de Lungespee (Rawcliffe, 1995, 163). She was the wife of Henry de Lacy, earl of Lincoln, who founded the leper hospital of St. Mary Magdalen in Pontefract in 1286 (Knowles & Hadcock, 1994, 385). In 1336, Haymo, bishop of Rochester, was granted a royal license to found the hospital of St. Andrew in Hythe, and six years later he refounded the hospital of St. Bartholomew in the same town (Sweetinburgh, 2004, 74). The almshouse at Meopham in Kent may have been founded by an archbishop of Canterbury as late as 1396 (Clay, 1909, 298), although this village was the birthplace of Archbishop Simon (1328-33), in whose lifetime the local church was founded. Simon Meopham is reputed to have erected the church in the 1320s and it is not inconceivable that he was also involved in the foundation of the almshouse in the early 14th century.

Other church officials followed the apparent apathy for founding hospitals shown by their superiors, founding only two almshouses for the poor and a hospital for clergy. In 1314 Dean Robert Pickering founded a chantry on the site of a former Carmelite friary just outside the walls of York, and four years later this was enlarged and became the hospital of St. Mary for six poor sick priests (Richards *et al*, 1989, 6). The almshouses were both founded towards the end of the century, one in Kingston-upon-Hull and the other in Wolverhampton. The former was established by Richard de Ravenser, archdeacon of Lincoln, and his brother, Robert de Delby, for twelve poor men, and the

latter was co-founded by a chaplain, Clement Leveson, for six poor men or women (Knowles & Hadcock, 1994, 368 & 405). Whilst there was a major decline in ecclesiastical foundations in the 14th century, monastic foundations were totally absent during this period.

Most of the almshouses and hospitals founded by nobles were for the poor, the sick, or the old, and most were founded in the second half of the century. The only two leper hospitals were founded by the end of the first decade of the 14th century, and may well have been founded in the previous century. The leper hospital at St. Giles's Gate in Norwich existed in 1308, and according to Clay (1909, 398) was founded by someone called Balderic. Two men named Balderic de Taverham held the sub-manor of Heigham in Norwich, where the hospital stood, the first of whom received it during the reign of King Stephen, with the second then selling it in 1366-7 (Rye, 1917). It is therefore possible that the hospital was founded in the late 12th century or early 13th century by the first Taverham holder of Heigham. Similarly, the leper hospital of St. Mary Magdalen in Skipton, apparently founded by a lord of the manor, may also have been founded earlier than 1306, when it was recorded as having no master (Knowles & Hadcock, 1994, 392). Four of the five hospitals for the poor or sick founded in the first half of the century were located in the East Midlands or East Anglia, whereas the majority of later 14th century hospitals founded by nobles were located in northern England or Scotland. The only noble foundation in southern England was the Hospital of the Holy Trinity built at Arundel by Earl Richard Fitzalan in 1396, just a year before he was executed for opposing King Richard II (Godfrey, 1959, 136; Evans, 1969, 65).

Whilst fewer new hospitals were being established by the royalty, the church, and the nobility, there was an increase in those founded by town officials and other leading citizens. In the second half of the century mayors of Bristol, Exeter, Nottingham, Kingston-upon-Hull and Newcastle-upon-Tyne founded hospitals or almshouses for the poor or sick in their respective towns, and another was founded at Hertergate in York by Thomas Howm, a Member of Parliament for the town (Rawcliffe, 1999, 192). A similar number of late 14th century almshouses and hospitals for the poor and sick were established by merchants, as well as a couple of earlier foundations in London and Norwich. The latter was also an almshouse, founded by Hugh Garzoun, a wealthy citizen

and rentier of Norwich, in the parish of St. Benedict near Westwick (Rawcliffe, 1995, 166). The early foundation in London was a hospital for blind and paralysed clergy established near Cripplegate by William Elsyng, a wealthy mercer (Rawcliffe, 1984, 5). There were also three leper hospitals founded by townsfolk in the early or mid 14th century, the latest being the hospital of SS Anthony and Eligius in Cambridge founded by the prominent burgess Henry Tangmere in 1361 (Rubin, 2002, 119-121).

15th Century

Royal involvement in the foundation of hospitals in the 15th century was minimal, although every English king played at least some small part in providing new institutions for the poor or sick. In the first decade of the century, Henry IV was involved in the foundation of a college and almshouse on the site of the Battle of Shropshire and also granted a license for the foundation of a fraternity at the priory hospital of the Holy Cross in Colchester (Knowles & Hadcock, 1994, 353 & 420). In the following decade Henry V suppressed the Cluniac house of St. Giles without Cripplegate and refounded it as a fraternity providing for the poor (Rawcliffe, 1984, 19). When founding Eton College in 1440, Henry VI intended for twenty-five poor and disabled men to be supported, although this function ceased by 1468 (Knowles & Hadcock, 1994, 455). In 1476, Edward IV granted the hospital of St. Anthony at Threadneedle Street in London to the collegiate church of St. George at Windsor (Graham, 1927, 377), and in his will he left instructions for an almshouse to be built and attached to the same college, although whether this was carried out is uncertain (Knowles & Hadcock, 1994, 405).

The only king of Scotland associated with the foundation of a hospital in the 15th century was James I. In 1430 he established the monastery of St. Anthony in Leith, on land granted to the order of St. Anthony de Vienne by Sir Robert Logan of Restalrig. This was a house for Augustinian canons, caring for the poor and those with St. Anthony's disease, which originated as a hospital some twelve years previously, although it is not known whether James I was involved in the original foundation (Cowan & Easson, 1976, 184). Mary de Gueldres, the wife of King James II, founded a hospital near the gate of Stirling Castle for six poor people, although this appears to have been short-lived (Cowan & Easson, 1976, 193). Shortly after the death of her husband in 1460, she also founded a

hospital for thirteen poor people as part of Trinity College in Edinburgh (Cowan & Easson, 1976, 178; Moffat, 1992, 19).

The few episcopal foundations of this century were all hospitals or almshouses for the poor or old and included a bedehouse for twelve men founded by Henry Chichele, archbishop of Canterbury, in association with a college at Higham Ferrers in Oxfordshire (Clay, 1909, 81; Godfrey, 1955, 31). The number of other ecclesiastical foundations was on a par with the number of new hospitals of the 12th and 13th centuries. Most were established in the second half of the century, unlike the episcopal foundations that were generally earlier. The majority provided for the ordinary poor folk, but St. Augustine Papey, founded near Bishopsgate in London by three chaplains, was designed to care for poor clergy of the Fraternity of Charity and St. John the Evangelist (Rawcliffe, 1984, 19). In 1478, Robert Blacadir, the rector of Lasswade in Midlothian, received Papal approval to build the hospital of St. Mary to accommodate pilgrims and the sick, in addition to the poor (Cowan & Easson, 1976, 184).

The apparent hiatus of monastic foundations seen in the 14th century ended in the 15th century with five new hospitals being established by abbots and monks. Those of Evesham, Reading and Holyrood built almshouses outside the precincts of their respective monasteries. At Sherborne in Dorset, the Benedictine monks founded a hospital for the poor sick in the first decade of the 15th century, although a later dispute between the abbey and the locals resulted in the townsfolk receiving a license from King Henry VI to rebuild it as an almshouse in 1437 (Godfrey, 1955, 40; Prescott, 1992, 118). At Glastonbury in the latter half of the century, Abbot John Selwood founded a hospice in the town specifically for pilgrims visiting the local shrines (Clay, 1909, 9-10).

The nobility were also more active than they had been in the previous century with about thirty new hospitals being founded throughout England and Scotland. They clearly favoured building almshouses for the poor or old, with only a few established to care for the sick or provide shelter for travellers. Four of the five noble foundations known to have admitted the sick or travellers were located in central or southern England. The exception was the hospital of St. Anne at Ripon in Yorkshire, founded by 1438, which provided two beds for poor travellers in addition to those provided for four poor men and four poor women (Clay, 1909, 115; Knowles & Hadcock, 1994, 387). The

almshouse built c.1411 by Edward, duke of York, as part of Fotheringhay College in Northamptonshire, admitted those who were sick, and non-resident poor from the surrounding area were given food and shelter for one night (Knowles & Hadcock, 1994, 425; Orme & Webster, 1995, 138). The almshouse founded in 1437 at Ewelme in Oxfordshire by William de la Pole, earl of Suffolk, and his wife Alice, granddaughter of Chaucer, also provided for infirm men, as well as the poor and aged (Godfrey, 1955, 45; Markham, 1997).

The most notable difference in this century was the number of hospitals founded by town officials and wealthy merchants, which was more than double that of the previous century. At least fourteen mayors or former mayors established almshouses in their town, those of Bristol and London being the most prolific. The four new almshouses founded by mayors of London were all established in the first half of the century, whereas the five new almshouses in Bristol were built in the mid to late part of the century. One of the most prominent founders was Richard Whittington, four times mayor of London, who provided a ward for unmarried mothers in the Southwark hospital of St. Thomas and left instructions in his will for an almshouse to be built for thirteen poor people at Paternoster in London (Clay, 1909, 82; Rawcliffe, 1984, 21; Thomas *et al*, 1997, 104). William Canynge, five times mayor of Bristol and a merchant of such wealth and status that he was able to entertain King Edward IV, founded an almshouse for fourteen poor persons on Redcliff Hill to the south of the town in about 1440 (Sampson, 1909, 100; Price & Ponsford, 1998, 202). Similar foundations in other towns included an almshouse founded in Norwich c.1418 by the brothers John and Walter Danyel, both former mayors of the town (Rawcliffe, 1995, 166), St. Catherine's Hospital in Bath, founded before 1444 by four times mayor William Philips (Manco, 1998, 41), and an almshouse for two poor men within the chapel of St. Mary on Exe Bridge in Exeter, originally founded by the mayor in 1477 and refounded in 1520 by John More, another mayor, and Bartholomew Fortescue (Orme & Webster, 1995, 246).

Other wealthy merchants and trade guilds were equally supportive of the poor. In the 1440s, Elias Davy, a mercer in London, bought and drained an area of marshland in Croydon to build an almshouse for seven poor people. Construction of a previous almshouse in the area had been abandoned around the same time, and Davy's efforts were

obviously well received by the local community, who called it The Great Almshouse (Turnbull, 2003). The majority of almshouses founded by officials and merchants were for the sustenance of the poor or aged, often for those of a particular trade that had fallen on hard times, or for their widows. Whittington's Hospital gave preference to inmates who were members of the Mercers' Company (Rawcliffe, 1984, 21), and the almshouse founded c.1429 near St. Antholin's Church in London by Thomas Knolles of the Grocers' Company, supported needy members of that company (Rawcliffe, 1984, 19; Alsford, 2004). Similarly, there was an almshouse founded in York by John Marton of the Cordwainers' Guild, which provided care for poor and elderly guild members (Cullum, 1991, 7). The only hospitals founded by citizens that are known to have admitted inmates other than the poor or elderly were an almshouse at Northallerton, founded in 1476 by Richard Moore, a draper, which provided accommodation for two travellers (Clay, 1909, 11), and St. Paul's in Perth, founded on Christmas Day 1434 by John Spens, a burgess, which was a hospital for the poor, the sick and travellers (Cowan & Easson, 1976, 188).

16th Century

In the early years of the 16th century three new foundations were established in London by members of the royal family, two of which were almshouses built at Westminster Abbey before 1509. One of these was founded by King Henry VII for poor men and the other by his mother, Margaret, for poor women (Prescott, 1992, 142; Knowles & Hadcock, 1994, 402). The third was the Savoy Hospital (Fig.1), founded by Henry VII and completed after his death, the design of which was based on the layout and organization of the 14th century Florentine hospital of Santa Maria Nuova (Gilchrist, 1995, 32). Not surprisingly there were no new foundations made by King Henry VIII prior to the Reformation, and well over a hundred English hospitals were suppressed between 1536 and 1547, as well as a dozen or so in Wales. In Scotland the Reformation appears to have had little effect on hospitals, partly because most of those run by religious orders had already closed previously, the only exception being the hospital of St. Anthony in Leith (Cowan & Easson, 1976, 30). In 1546 Henry VIII yielded to the pleas of the mayor and citizens of London to grant them possession of certain hospitals in

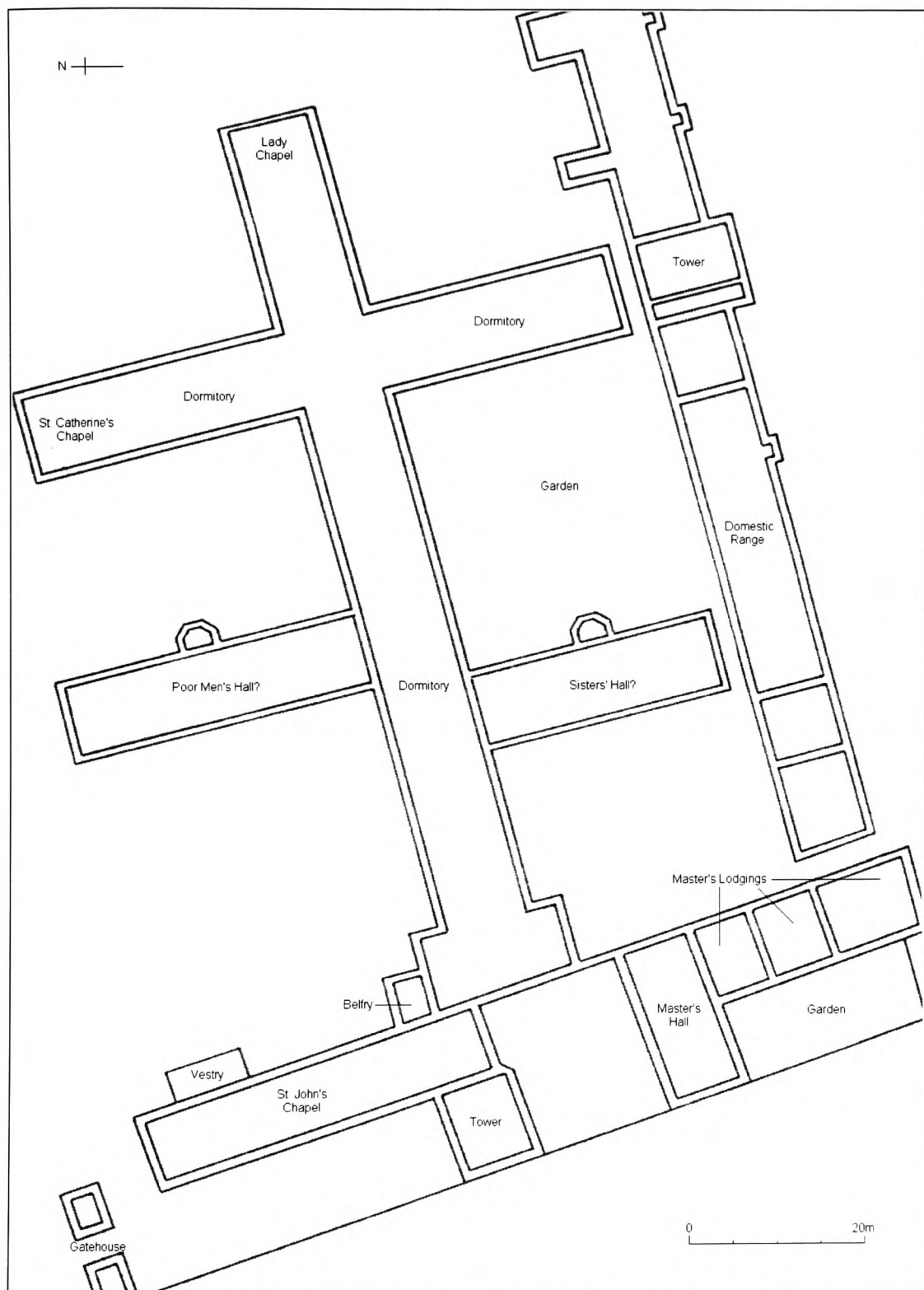


Fig. 1. Savoy Hospital, London, c.1517 (After Gilchrist, 1995, 31)

the city, on the understanding that one of them, the hospital formerly known as St. Bartholomew's, was to be henceforth known as the 'House of the Poor in West Smithfield in the suburbs of the City of London, of King Henry VIII's foundation' (Medvei & Thornton, 1974, 24). In the same manner, Edward VI granted the previously suppressed hospital of St. Thomas in Southwark to the Corporation of the City of London in 1551 (McInnes, 1963, 22-3). Edward also founded the new London hospitals of Bridewell and Christ's Hospital for vagrants and orphans respectively, endowing these and the refounded St. Thomas from his own finances and from property seized from the recently dissolved Savoy Hospital. These three hospitals were collectively known as 'the hospitals of King Edward VI' and were all run by the Corporation (Clay, 1909, 239-40; Orme & Webster, 1995, 161). The Savoy itself was refounded just a few years later by Queen Mary, although it never recovered any of its former property (Prescott, 1992, 141).

The only episcopal foundations of this period were the Scottish almshouses of St. Mary in Aberdeen, founded in 1531/2 by Bishop Dunbar, and St. Thomas in Edinburgh, founded in 1541 by George Crichton, bishop of Dunkeld. A previous bishop of Dunkeld, George Browne, refounded the hospital of St. George, Dunkeld in about 1506. Other ecclesiastical foundations included the hospital of SS Nicholas, Serf and Machatus erected in Glasgow c.1525 by the sub-dean of the cathedral, Roland Blacader (Cowan & Easson, 1976, 168-79). The only hospitals known to be founded by churchmen in England were almshouses in Kingston-upon-Hull and Stevenage, founded by Reverend John Riplingham and Rector Stephen Hellard respectively and both built in the first decade of the century (Knowles & Hadcock, 1994, 368; Clay, 1909, 296). Monastic involvement in hospital foundation was limited to the rebuilding of an almshouse at the former leper hospital of St. Margaret in Taunton, and an almshouse at the gates of Glastonbury Abbey, both the work of Abbot Richard Beere between 1510 and 1512 (Clay, 1909, 121, Orme & Webster, 1995, 141).

Noble foundations were equally low in numbers. The few that were established were usually founded by executors or widows, such as the almshouse for five poor men at Layer Marney in Essex, founded by the will of Lord Henry Marney, and another founded at Eggesford in Devon by Ibote Reigny, widow of Lord John Reigny (Nicholas, 1826, 609-12; Orme & Webster, 1995, 226). At least eight almshouses were founded in the first

quarter of the century by mayors or sheriffs of English towns, including two in London and two in Coventry founded by drapers. William Wyggeston, a prominent wool merchant of the Staple of Calais and four times mayor of Leicester, founded an almshouse in the town in 1513, just a year before becoming mayor of Calais (Hartopp, 1935, 47-8). Roger Smith, sheriff of Chester, left instructions in his will of 1508 for his house to be converted into an almshouse for poor and needy aldermen of the town or their widows, a task carried out by his brother, Sir Thomas Smith (Clay, 1909, 17; Lowe *et al*, 2002). The other early 16th century almshouses for the poor were founded by sheriffs of Newcastle-upon-Tyne and of Kent. The first post-Reformation almshouse in England known to be founded by a leading town official was established in 1550 by John Harrison, alderman and former sheriff of Kingston-upon-Hull (Hinson, 2002). Six years later a bedehouse in Newark-on-Trent was founded by the will of William Phillipott, a merchant and alderman (Prescott, 1992, 149).

In addition to the almshouses founded by town officials with a merchant background, there were at least another three established by tradesmen or organisations before the Reformation. Nether Hospital in Stirling was founded c.1530 by Robert Spittal, a tailor who attended to King James IV, and in his will of 1529, John Greenway, a wool merchant and member of the Drapers' Company of London, left instructions for an almshouse to be constructed in his birth-town of Tiverton in Devon (Cowan & Easson, 1976, 193; Orme & Webster, 1995, 262). In Leith in Scotland, the corporation of shipmasters and sailors built the hospital of the Holy Trinity in 1555 for the maintenance of seamen (Cowan & Easson, 1976, 185). At least another two hospitals were founded by townsfolk, the first at Cullompton in Devon, founded in 1523 by the will of John Trotte, a wealthy local who may have been in the cloth business, and the second founded at Edinburgh in 1541 by the burgess Michael McQueen and his wife Janet Rynd. Both of these institutions were almshouses for poor men, six supported at Cullompton and seven at Edinburgh (Orme & Webster, 1995, 224-5; Cowan & Easson, 1976, 176-7).

Century	Royal	Episcopal	Ecclesiastic	Monastic	Ducal	Noble	Mayoral	Mercantile	Civic
11th	2	5	0	0	2	2	0	0	0
12th	22	25	7	22	23	36	2	1	8
13th	9	20	7	6	15	40	4	1	7
14th	2	5	3	0	7	10	8	6	3
15th	4	4	7	5	6	23	20	19	6
16th	4	2	3	1	1	6	12	4	2
Total	43	61	27	34	54	117	46	31	26

Table 1. *Number of hospitals established by founders of various status.*

Location

Medieval hospitals were most commonly located near urban centres, and the size of the town was often reflected in the number of hospitals built in or around it. London and York both had around thirty hospitals within or immediately outside the town walls, and Bristol and Norwich had about twenty hospitals each. Throughout England and Scotland there were at least thirty-five other towns that had five or more hospitals, including Canterbury, Winchester, Durham, Salisbury, Bury St. Edmunds and Edinburgh. In Wales, however, very few towns could boast having more than a single hospital. In the 12th and 13th centuries hospitals tended to be established at the edges of towns, either just inside the boundary or more commonly outside. Leper hospitals were almost always built outside towns, and those hospitals for the non-leprous were often built outside too. After the Black Death this trend changed and more hospitals were established within towns, particularly almshouses of the 15th and 16th centuries. At London, four hospitals had been founded within the town walls by the early 14th century and six just outside, but after the Black Death there were a further thirteen foundations made inside the town compared to only three outside the walls. Similar trends are evident at York and Bristol, although the situation was somewhat different at Norwich, where the only hospitals known to be situated outside the town were for lepers (Knowles & Hadcock, 1994; Rawcliffe, 1984; Thomas *et al*, 1997; Richardson, 2001; Schofield, 2003; Richards *et al*, 1989; Price & Ponsford, 1998; Sampson, 1909; Rawcliffe, 1995).

Those that were founded within a town were normally located at the very edges of it, partly because hospitals were a late addition to the fabric of urban life and land was not

widely available. God's House in Southampton, built in the south-east corner of the town in 1197, stood outside the 10th century defences, but just inside the later 13th century boundary ditch (Schofield, 1994, 26; Kaye, 1976, lxxv). Of the four hospitals established within London town before the Black Death, Elsing Spital was situated just inside the walls near Cripplegate, St. Anthony's was founded in a confiscated synagogue, and St. Paul's hospice was built within the precinct of the cathedral (Thomas *et al*, 1997, 125-6; Graham, 1927, 349; Rawcliffe, 1984, 20). The hospital of St. Catherine in Ledbury, founded in about 1230, was unusually located next to the market place, probably on the site where the episcopal palace had once stood. The hospital was founded by Hugh Foliot, bishop of Hereford, who subsequently moved his palace to a more favourable location (Hillaby, 2003, 3). In York, the hospital of St. Peter was originally part of York Minster before it was relocated in the late 11th century by King William II, who rebuilt it up against the town wall (Cullum, 1993, 14). The other intramural hospital founded at York before the Black Death was located on or near the central bridge that crossed the River Ouse (Richards *et al*, 1989, 19). One of the few early hospitals founded within Canterbury was also located on a bridge. In order to help meet the needs of the many pilgrims flocking to the tomb of St. Thomas, Eastbridge Hospital was built on King's Bridge, which crossed over the River Stour in the heart of the town (Hill, 1969, 23).

The difficulty in finding a large enough plot of land clearly hampered foundations within a town, and even outside the boundaries of a town it was not easy to overcome this problem. The hospital of St. Bartholomew at Smithfield was built on marshland outside the walls of London, but even there the foundation met with much opposition, probably from merchants who had formerly had their booths there (Medvei & Thornton, 1974, 20). There were a number of hospitals where subsidence resulted in buildings collapsing or having to be shored up or renovated, and this was probably due as much to the poor quality of the land on which they were built, as to shoddy building work. With a scarcity of land in and around towns in the 12th and 13th centuries, some founders may have been too quick to grant or obtain any area of land large enough to build a hospital on, regardless of its quality or suitability for such a project. Some towns were able to expand during this period and extend their boundaries, and in such circumstances some hospitals could be built inside the new boundaries without hindrance, although leper hospitals were

still generally barred from being constructed within the walls. At Bristol, the six earliest hospitals were founded outside the original walls, but the course of the River Frome that flowed around the town was diverted by a new channel dug in the mid-13th century. This improved the drainage of the marshy areas to the south and west of the town and also enabled larger ships to reach the town. Consequently the town flourished and was able to expand, and at least seven of the twelve hospitals founded between the mid-13th century and the end of the 15th century were located within the new walls of the expanded town. Five of those were located in the previously marshy area on the south side of the River Avon, around which a new Portwall and ditch were built (Price & Ponsford, 1998, 16). These later hospitals were predominantly almshouses founded by merchant guilds and former mayors of Bristol, which probably influenced the decision to build them within the town.

The foundation of almshouses within towns after the Black Death was no doubt facilitated by the availability of property that resulted from the high mortality rate during the pestilence. With outbreaks of the disease recurring in the late 14th century and about ten more national epidemics of plague, pox and intestinal dysentery throughout the 15th century (Gottfried, 1978, 47-51), the almshouse movement was able to continue unabated into the 16th century. These were primarily hospitals for the poor, and were probably more acceptable in towns than the earlier hospitals that had often housed people suffering from sickness and infirmity. In towns such as London and York, where only a few institutions were meeting the needs of the poor, almshouses were founded in great numbers, but in towns like Norwich, where there were already a significant number of hospitals in existence, far fewer new almshouses were built. Instead, at least three of the existing hospitals in the town were rebuilt or refounded in the 15th century, and the leper houses at the town gates all became hospitals for the poor or sick by the mid-16th century (Rawcliffe, 1995, 163-4). In emerging towns that had few or no hospitals prior to the Black Death, almshouses were founded in abundance. At Kingston-upon-Hull, which was granted its charter in 1299, a dozen almshouses were established between the mid-14th century and the mid-16th century, the majority of which were built within the town walls (Boyle, 1905, 1-5; Knowles & Hadcock, 1994, 367-8; Hinson, 2002).

Although the lack of available space in existing towns may have had an effect on how few hospitals were founded within their boundaries before the Black Death, it seems that these institutions generally continued to be built on the fringes of built-up areas even in newly established towns. The hospitals of St. Mary and St. John at Tenby in South Wales were both founded around the same time that the town was established in the 13th century. The former was a leper hospital and was located outside the town, as was usual with this type of hospital. However, the latter was a hospital for the poor, yet that too was built outside the town to the north-west (Soulsby, 1983, 6 & 251-2). Very few of the new towns founded by King Edward I in the late 13th century contained a hospital. One of the few hospitals built as part of a new town was St. John's at Rhuddlan in North Wales, although it was located outside the town defences to the east (Beresford & St. Joseph, 1979, 232; Soulsby, 1983, 230). When the hospital of Holy Cross was moved from Old Winchelsea and included in the plan of New Winchelsea, it was built at the southern edge of the town. Although within the original 13th century defences of the town, it was outside the town defences when they were rebuilt in 1414-5 (Schofield, 1994, 31; Godfrey, 1959, 134; Lilley *et al*, 2005). After receiving a royal license from Edward to hold a weekly market and two annual fairs at Llawhaden in South Wales, Thomas Bek, bishop of St. David's, founded a new borough. He included the hospital of SS Mary, Thomas and Edward as part of this new town, but it was built towards the end of the project and located beyond the western limits (RCAHMW, 1925, 143; Turner, 2000, 29 & 43). This lack of desire to build hospitals in the centre of towns, even where land was clearly not an issue, suggests that they were not regarded as an integral part of society. Most hospitals cared for just a few poor or sick people, so having them within easy reach of the whole populace would not have been particularly necessary. Poor and sick people were also not the sort of people that founders of new towns would have wanted to attract and thus, in the majority of those towns, institutions for them were simply not provided at all. Those few hospitals that were established were more likely to accommodate travellers or retired clergy, rather than the poor and the sick.

Very few leper hospitals were founded inside town boundaries, although many were built outside the gates of towns or along roads leading into them. The Third Lateran Council in 1179 declared that lepers should be housed separately from healthy persons,

and civil laws of the 12th and 13th centuries echoed this sentiment and authorised their expulsion from towns for fear of contagion (Clay, 1909, 51-2; Richards, 2000, 49-50). However, this desire to segregate lepers from society appears to have been prevalent for at least a century prior to the Lateran Council directive, probably due as much to the repulsion caused by the disease and the religious stigma attached to it, as to the fear of infection. As early as the 11th century, the leper hospital of St. Nicholas at Harbledown was built about a mile or so outside the town of Canterbury (Hill, 1969, 16; Orme & Webster, 1995, 22). Other leper hospitals founded a mile or so outside a town during the late 11th or early 12th century, included those at Bath, Colchester, Winchester, and Norwich, all dedicated to St. Mary Magdalen. It would seem that even though individual lepers may have been tolerated within some towns prior to the Lateran Council, and in some cases after it, hospitals for whole communities of those poor unfortunates were not welcome within town walls.

The closest a leper hospital could normally expect to be located to a built-up area was outside the town gates. Some towns had hospitals outside several of its entrances, such as Norwich, which had a leper hospital outside five of its twelve gates. These hospitals were located to the north, west and south of the town, but there were none located on the east side for fear of the disease spreading on the prevailing easterly wind (Rawcliffe, 1995, 48). At York, the hospital of St. Helen was located just outside Fishergate on the south side of the town, and there were also leper hospitals along the roads leading to Walmgate, Mickelgate, and possibly Gillygate. It was not only leper hospitals that were placed at town gateways. Hospitals for the poor, the sick and travellers were also commonly founded in such places, with some of those allowed just inside the town boundaries. God's House in Southampton was built in the south-east corner of the town within the original town ditch, with a right of way over the ditch acquired in 1268. It also had a quay opposite its main gate on the south side. However, when the town wall was built in the 14th century, this entrance into the town was blocked off, as was the hospital quay (Kaye, 1976, lxxv). Some towns had hospitals at more than one of its gates. In addition to the leper hospitals located just outside the town gates, York had hospitals for non-leprous inmates located outside or just inside four of its gates. All six of the hospitals at Bury St. Edmunds were founded just outside the gates of the town,

and several other towns had hospitals located at more than one of its gateways, including Durham, Shrewsbury and Exeter. In total, over a hundred hospitals are known to have been located in close proximity to town gates, about one third of which were for lepers.

The main reason for founding a hospital at a gateway was to have it noticed by those entering and exiting the town. Not only did this show off the benevolence of its founder, but it also reminded passers-by of the plight of those who dwelt within and would hopefully encourage donations. Many hospitals admitted poor travellers for one or two nights, and building it just outside the gates was an obvious benefit for those who arrived at a town after the gates had been closed. It also made it difficult for potential almsgivers to pass without being noticed, and travellers were often accosted by those within the hospitals begging for alms or selling relics and the like. Even hospitals that were built further away from towns were usually built in locations that made them highly visible to passers-by and made it equally easy for the staff and inmates to notice them. The original site of Kepier Hospital was a hill-top to the north-east of Durham, which was situated alongside the only road leading into the city that did not cross the River Wear (Meade, 1995, 1). The hospital of St. Nicholas at Harbledown stood on a small hillock overlooking the road to London, and the great scholars John Colet and Desiderius Erasmus, who passed by it in the early 16th century on their way to Canterbury, left a telling comment about its location. According to Erasinus, the road that passed by the hospital was surrounded by hills and so could not be avoided. When the inmates saw them passing they came running out to cast holy water on them and to offer up the relic of St. Thomas' shoe for them to kiss (Wilson, 1975, 50; Hill, 1969, 16; Orme & Webster, 1995, 47).

The busiest highways were popular sites for medieval hospitals. The Roman roads of Watling Street, Ermine Street, Fosse Way and Icknield Way were all still major routes in the medieval period (Hindle, 1982, 194), and all had hospitals dotted along them at various points. The hospitals of St. Mary de Pré, near St. Albans, St. Mary at Ospringe, and Otterburn, near Rochester all stood alongside Watling Street, and along Ermine Street were the hospitals of St. Edmund at Spital-in-the-Street, and SS Mary and James, and St. Nicholas, both at Royston. Royston was located at the crossroads of Ermine Street and Icknield Way, and also along the latter road were the hospitals of St. Mary Magdalen

at Baldock, and St. John the Baptist at Duxford. Those along the Fosse Way included St. Leonard at Newark-on-Trent, and St. Margaret at Ilchester. These hospitals were usually located at stopping points between places. The hospital of St. Edmund at Spital-in-the-Street, for example, was located at the only stopping point on Ermine Street between Lincoln and the Humber crossing at Winteringham (Bennett & Marcombe, 1998, 41). Between London and Exeter there were nine stopping places marking the end of a half-day's riding, and at least seven of these had hospitals by the end of the 13th century (Orme & Webster, 1995, 42). Likewise, the routes between London and Southampton, Southampton and Canterbury, and Canterbury and London, as recorded by Paris and Gough in the 13th and 14th centuries respectively, all had hospitals spread out along them at quite regular intervals.

Pilgrim routes were also popular locations for hospitals in the 12th and 13th centuries. The hospice of St. Thomas at Beck was founded along the pilgrim route to the shrine of Our Lady of Walsingham, whilst those at Horning and Hautbois were established by the monastery of St. Benet Holme along the road to the shrine of St. Theobald at Hautbois (Gilchrist, 1995, 48). In Wales, there were a number of hospitals located along likely pilgrim routes to St. David's, including those at Templeton, Llawhaden, Wiston, Spittal, and Llandridian, and in Scotland, the hospitals at North Berwick and Earlsferry accommodated pilgrims sailing across the Firth of Forth on their way to St. Andrew's (RCAHMW, 1925, 335; Cule, 1977; Nicholson, 2002, 129; MacLennan, 2003). Before the general decline in pilgrimages began in the 14th century, these pilgrim routes and many others, such as those to Durham, Canterbury, and Bury St. Edmunds, attracted many travellers, both rich and poor. Whilst the hospitals would give shelter to those poor pilgrims who could not afford lodgings at an inn or find alternative accommodation, they could also seek alms from the many richer pilgrims that trod the same path. In rural areas where no other accommodation was available, the hospitals would also admit wealthier inmates for a night or two, although they would no doubt expect a generous donation in return.

River crossings, particularly bridges, were common places for hospitals to be located. There were at least sixty hospitals known to have been located at bridges, most of which were founded by the mid-14th century. As with town gates, bridges were points

that were unavoidable for travellers on the road, and so they were ideal locations for hospital staff and inmates to press passers-by for alms. The value of such a prized position along a highway can be assessed by the willingness of hospitals to take on the upkeep of a bridge. The priests of the 12th century priory and hospital of St. Bartholomew at Pynham in West Sussex were charged with maintaining the causeway and bridge on the south-east side of Arundel, and in the 13th century the hospital of St. John in Nottingham was responsible for the upkeep of the bridge over the River Trent (Knowles & Hadcock, 1994, 171 & 382). Gilbert de Glanville, bishop of Rochester, who founded St. Mary's Hospital in Strood in the 12th century, granted the master and brethren some houses near Rochester Bridge so they could repair the west end of the bridge. The hospital then received rents from these houses, as well as wharfage from the quay at the west end of bridge (VCH Kent, 1926, 228-9; A.C. Harrison, 1969, 140). Robert Bingham, bishop of Salisbury, built both the hospital of St. Nicholas and the nearby Harnham Bridge in the 13th century, and then entrusted the maintenance of the bridge to the hospital warden (Godfrey, 1947, 149).

Bridges were often the lifeblood of a town, and where towns grew or prospered from new developments, hospitals were likely to follow. In the early 12th century, for example, a new bridge was built over the River Ure at Boroughbridge, and consequently the main road was diverted from nearby Aldborough. The new town prospered from travellers by road and river, and the leper hospital of St. Thomas was later built nearby (Beresford & St. Joseph, 1979, 78). Conversely, a new bridge could bring an end to a hospital located at the old bridge. The 12th century hospital of St. Giles by Brompton Bridge was built next to a bridge over the River Swale, on the road between Richmond and Swaledale. In the early 15th century, however, a new bridge was built at Catterick, about 2km to the east, which ultimately led to the demise of the hospital (Cardwell, 1995, 1 & 115).

Whilst some hospitals were located along well travelled routes in order to prosper from pilgrims and others that traversed them, other hospitals were built at sites that were, or could become, destinations for those travellers. One such location was a well or spring that held waters with perceived healing powers. Amongst those hospitals known to have had healing wells were St. Leonard at Peterborough, St. Giles at Kepier, St. Leonard at

Newark-on-Trent, St. Loy at Tottenham, and St. Ninian at Kingcase in Scotland. There were many other hospitals that had wells, although many served purely practical purposes, particularly those at leper hospitals. There were also hospitals located next to springs, burns, or brooks, including St. Mary Magdalen at Bath (Manco, 1998, 22), St. Edmund at Spital-in-the-Street (Marcombe, 2004, pers.com.), and Aberthin at Usk, the waters of which may have been associated with healing powers or had religious significance. The hospitals of St. John and St. Catherine within the walls of Bath would presumably have benefited from those who came to the town seeking to benefit from the thermal waters, which had been revered for their healing powers since the Iron Age.

Conclusion

Throughout the medieval period, the number of hospitals founded by those who might be classed as lesser nobles was fairly constant, and the types of hospital they founded were quite varied. However, this was not the case with most other classes of founders. In the 11th and 12th centuries royal founders generally opted for leper hospitals, particularly in England. Queen Matilda was renowned for her kindness towards lepers, which, according to her brother, included bathing them personally and even kissing their feet, an action also attributed to Walter de Lucy (Clay, 1909, 50). Scottish royals of the 12th century tended to build a greater number of hospitals for pilgrims and poor travellers in their own country, but in Wales there were no known royal foundations at all throughout the 11th or 12th century. It should be noted, however, that for most hospitals in Wales founded in the medieval period, the identity of the founder is not known. Episcopal and ecclesiastical foundations of that period were generally established to care for the poor sick, whilst it was the monastic foundations that gave greatest support to pilgrims and poor travellers, particularly in southern and eastern parts of England. The few civic foundations of the 12th and the 13th centuries were usually founded for lepers.

In the 13th century, the foundations of Henry III were more varied than those of his predecessors. He continued to support lepers, but he also founded hospitals for the poor sick and travellers, as well as for Jewish converts, and was renowned for distributing alms to five hundred poor and needy daily from his household in Westminster (Rawcliffe, 1999, 4-5). His final foundation was in 1255 at Sittingbourne, and it was in the following

year that Prince Llywelyn II of Wales rose up and expelled many English from his country, which was followed two years later by the barons imposing their Provisions of Oxford on Henry (Fisher, 1971, 319). The ensuing struggles that followed these events diverted the king's attention away from hospitals, and the continued struggles against the Welsh and the Scots throughout the rest of the century resulted in a decline of royal foundations during the reign of Edward I. The zeal of the 12th century and early 13th century monarchs for founding hospitals was rarely to be seen in the later medieval period. This decline was mirrored in the number of hospitals founded by the church, which suffered financially from the Statute of Mortmain of 1279 that prohibited the granting of property to the church without a royal license (Rawcliffe, 1995, 65). Throughout the 13th century there were few monastic foundations, and consequently the nobles, and the secular church to a lesser degree, seem to have taken over the mantle as providers for pilgrims and poor travellers.

Most of the hospitals founded prior to the decline in the late 13th century and early 14th century were located near towns or along well-travelled roads between them. Some were built within town boundaries, but the greater availability of land outside towns, and its relative cheapness, led to more hospitals being established outside towns, often at the town gates or along roads leading into the towns. There was a general acknowledgment that leper hospitals should not be built within towns, and this was confirmed by both church law and civil law in the 12th and 13th centuries. The greater tranquillity and cleaner air afforded by extramural locations would no doubt have benefited the inmates, but the location of a hospital was often chosen so that it could best benefit from passers-by who might give alms in support of the hospital and its inmates. A number of hospitals were also built at bridges, and whilst such sites also offered practical benefits, they may also have been chosen for their perceived religious significance. Christ was sometimes described as a bridge between God and mankind, and the Latin name of *pontifex* applied to a bishop literally meant bridge-builder (Rawcliffe, 1999, 35). It may be significant that the foundation of hospitals next to bridges declined after the 13th century, at the same time that the number of hospital foundations made by the church began to decline.

The 14th century saw a general hiatus of hospital foundations, but when a recovery began in the late 14th century it was civic founders who came to the forefront in place of

the royals and the church. There were still royal and church foundations, but far fewer than in earlier centuries. Instead it was town officials, merchants, and the wealthier townsfolk who were founding the majority of hospitals between the late 14th and mid 16th centuries, although the lesser nobles also continued to establish their fare share of hospitals too. With leprosy and pilgrimages in general decline in that period, the emphasis was on hospitals and almshouses for the poor and the sick, although in Scotland leprosy was still common well into the 15th century. The majority of almshouses founded during the period were built within towns or just outside, with far fewer rural locations being chosen by founders. In the 16th century, the Reformation took away the last vestiges of church-run hospitals, and it was the municipal almshouse that survived into the later centuries.

3.

RUNNING MEDIEVAL HOSPITALS

Introduction

Medieval hospitals generally consisted of small, self-sufficient communities that relied on the benevolence of founders and patrons, and the generosity of other benefactors, for financial support. Although certain requirements might be attached to some of the endowments made to a hospital, such as prayers to be said by the inmates for the souls of the donator and his family, the day to day running of a hospital was usually managed by a master or warden. The master and any staff were normally expected to reside at the hospital, and the inmates might be expected to help in the daily duties performed at the institution, particularly at leper hospitals or hospitals for resident poor. Most hospitals had very few staff, but at those specifically for the sick and infirm, any manual duties required to maintain the hospital were more likely to be carried out by the staff than the inmates, and consequently such hospitals may have required more staff. This was also the case at hospitals that provided short-term aid to the poor and travellers. Whatever the numerical split between staff and inmates, the total number of people that made up a hospital community rarely exceeded thirty (of those hospitals for which the numbers are known, only 7.8% had more than thirty staff and inmates), and was most commonly twelve or thirteen (23.9%). In addition to the manual tasks undertaken, spiritual duties were also important within medieval hospitals, and it was usual for a master and some or all of the other staff to be religious persons.

The strong religious aspect of medieval hospitals, particularly before the late 14th century, was evident in the rules by which they were run. Each had their own independent rules set out, most of which were based on those of the various monastic orders, the most commonly followed rule being that of St. Augustine. Compared to other orders, the Augustinian Rule had a less restrictive diet that allowed meat to be eaten, and there was greater freedom for conversation, although observance of the divine office was to be adhered to and members of each hospital were to wear distinctive clothing, though the colours might differ between houses. The Augustinian Rule required regular worship and self-discipline, with vows of poverty, chastity and obedience being taken, but it also

allowed greater interaction with the outside world than some of the other orders (Braun, 1971, 41). However, this did not give those in the hospital a free rein to go about the town as they pleased, as is evident from the statutes of the 13th century hospital of St. Giles in Norwich, which stated that “after divine service is over the priests and clerks shall not wander about the city or other streets, but shall spend the day in reading, prayer, visiting the sick and other works of charity, unless by the order and licence of the master they should occupy themselves in other useful and honest business” (Rawcliffe, 1999, 243). Likewise, the movements of the inmates were often governed by the rules of the hospital. Lepers were generally forbidden from visiting markets, taverns, and churches, and from walking along highways or talking to passers-by. The almsmen at Croydon, for example, were not allowed to venture out of sight of the almshouse except to go to church (Richards, 2000, 124; Clay, 1909, 136). In many cases though, inmates could seek permission from the head of the hospital to leave temporarily for a specific purpose.

Although hospital rules were often based upon monastic rules, the hospitals themselves were not necessarily regarded as part of a particular order, and were thus more independent than monasteries and priories in that they were not organised into congregations. They were not wholly excluded from meetings held for houses of a like order though, as three of the larger English hospitals sent representatives to regular chapter meetings held by the Augustinians (Rubin, 2002, 154; Orme & Webster, 1995, 35). New foundations tended to have rules of nearby hospitals applied to them by the patron or the bishop. The ordinance made by Bishop Walter of Worcester in 1259 stated that the hospital of St. Mark in Bristol was to follow the general practices of St. John’s Hospital in Lechlade, but in divine offices the brothers were to follow the “Consuetudinary and Ordinal of Salisbury” (Ross, 1959, 8). The hospital of St. John the Baptist at Wootton Bassett followed the rule of St. Nicholas’ Hospital in Salisbury, and St. James’ in Northallerton followed the rule of Kepier Hospital in Durham (Knowles & Hadcock, 1994, 380 & 406).

Those who were to run the hospital were usually appointed by the patron of the hospital, although in some hospitals the brothers or sisters were allowed to nominate a new master or warden for the approval of the patron. The master was sometimes permitted to select the other hospital staff without referring them first to the bishop or

patron, as was stated in the rules of St. Giles' in Norwich (Rawcliffe, 1999, 245). The acceptance of eligible inmates into a hospital was also the duty of the master and his staff, and the internal day to day running of the hospital was also governed by the master. Many hospitals held weekly chapter meetings to discuss matters pertaining to the organisation and running of the hospital, but issues that could not be settled internally would normally be referred to an exterior authority, usually the patron or bishop.

The above gives a very brief overview of the guidelines by which hospitals in the medieval period were to be run, and the part played by the external authorities who had a say in their organisation. The main aim of this chapter, however, is to discuss the internal administration of the hospitals and the people who resided in them. As already mentioned, the community consisted of inmates who were being supported and the staff who provided for them, both physically and spiritually. In some cases there was little distinction between staff and inmates, with only the master being recognisable as different from the rest of the community due to holding religious office. However, where identifiable, the type of staff and their duties within the hospital will be discussed, as will those of the inmates who sought out their help. The care provided for inmates will also be considered from the viewpoint of healthcare and from a religious perspective.

Staff

Hospitals were normally run by a master or warden, usually a priest, who was responsible for the administration of the hospital as well as the spiritual well-being of the inmates. In many of the smaller houses the master, or mistress in some cases, was the only staff member of the house, and this was particularly so in the almshouses of the 15th and 16th centuries. In other houses the warden was assisted by other resident priests or lay persons who shared the physical and spiritual duties of the hospital. Although figures varied from hospital to hospital, and were liable to increase or decrease in a particular establishment during its lifetime, the number of staff was usually small and rarely exceeded thirteen. Of those hospitals for which the numbers are known, only 6.3% had more than thirteen staff, compared to 67.3% which had three or fewer staff. The hospital of St. John the Evangelist in Bury St. Edmunds was run by two male wardens under the supervision of the almoner of the abbey, but the foundation charter expressly forbade any

other brothers or sisters from entering the house (Harper-Bill, 1994, 30). The only known staff members at the hospital of St. Thomas in Southwark were a master, three brothers in holy orders and three professed sisters (McInnes, 1963, 17). Some of the larger hospitals employed twelve staff, or multiples thereof, which was representative of the number of disciples present at the Last Supper. In the 13th century, there were twelve priests, plus five lay brothers and seven lay sisters at St. Mary Spital in London, and the staff of St. John's in Oxford included six brothers and six sisters (Thomas *et al*, 1997, 105-6; Rigold, 1964, 35). At St. John's in Bridgwater, there were six priests and six lay brothers, but no sisters, and at St. Mark's in Bristol there were four chaplains and eight clerks when it was founded in the early 13th century (Orme & Webster, 1995, 80; Ross, 1959, xiv).

There is very little evidence of medical staff in hospitals prior to the Black Death, but in later centuries references to physicians, surgeons and apothecaries are more evident, although it was not until the early 16th century that the Savoy in London became the first hospital to include paid doctors in its constitution (Rawcliffe, 1984, 9). In the earlier centuries the absence of medical practitioners at hospitals was due in no small part to the restrictions placed upon the clergy by church authorities. The Lateran Council of 1215, for example, expressly forbade priests from carrying out any surgery that involved burning or cutting (Harvey, 1993, 81), and as hospitals at that time were usually run by clerical personnel, such practices were effectively excluded from these institutions. External physicians and surgeons were expensive to hire, and few benefactors seem to have been willing to pay to have their services diverted to the poor sick in their hospital beds. Those who endowed hospitals for the perceived benefit of their soul in the afterlife may have thought it unwise to hire doctors to carry out activities that were clearly frowned upon by the church.

Laymen and clergy in minor orders were not covered by the Lateran Council ban, and a number of physicians were appointed as hospital wardens before and after the Black Death. In 1265, John de Brideport deputised for the incapacitated chaplain of St. John's Hospital in Bridport, and in 1355 Pascal de Bononja was appointed master of St. Mary Magdalen's Hospital in Preston. At the end of the 14th century, Louis Recouchez, the king's physician, became master of St. Nicholas' Hospital in Pontefract, and in the following century John Arundel, another physician whose services had been sought after

by royalty, briefly held office at the hospital of St. Mary of Bethlehem in London (Clay, 1909, 150; Parker, 1922, 161; Rawcliffe, 1984, 8). In 1479, a London merchant named John Don bequeathed the annual sum of £5 to the surgeon Thomas Thorneton for his regular attendance upon the poor sick of the city, including those at the hospitals of St. Bartholomew, St. Thomas, St. Mary Spital, Newgate and Ludgate. There were a few other physicians and apothecaries who lived in or next to St. Mary Spital in the 15th and 16th centuries, and it is possible that their medical knowledge was called upon by those in the hospital, although there is no evidence that they were ever employed there (Rawcliffe, 1997, 144; Thomas *et al*, 1997, 107). Women were not excluded from practising medicine in hospitals, although references to female physicians and surgeons, such as Ann the Medica at St. Leonard's Hospital in York (Labarge, 2001, 174), are even more rare than references to their male counterparts.

Whilst the priests were responsible for carrying out religious duties, such as holding daily services and mass, the lay brothers and sisters generally attended to the manual tasks required to keep the house functioning and the physical needs of the hospital inmates. They were all under the supervision of the master or warden, although some of the decisions regarding the running of a hospital were often made jointly by the head of the hospital and the other clergy. Queen Philippa's Ordinances for the hospital of St. Catherine by the Tower of London ordered a chapter meeting to be held each week by the master, the brothers and the sisters, during which they would all agree on any changes that needed to be made in the house. Furthermore, the master was forbidden to carry out any business concerning hospital property without the consent of the brothers and sisters (Jamison, 1952, 30). At St. Mary Newarke in Leicester, similar meetings were held every Sunday, and the master was expected to present accounts of the house to the hospital chaplains once or twice a year (Thompson, 1937, 15 & 19). At the hospital of St. Giles in Norwich, the hospital seal was only permitted to be used during the Sunday chapter meetings, and only in the presence of the brothers. To ensure this rule was observed, the hospital statutes ordered that the seal was to be kept in a container with two locks, with one of the keys held by the master and the other kept by the senior brother (Rawcliffe, 1999, 245). The seals of St. Catherine by the Tower and St. Mary Newarke were placed

under three locks, with the keys at the former hospital being distributed to the master, the eldest brother and the eldest sister (Jamison, 1952, 31; Thompson, 1937, 15).

Masters were also accountable to external powers that governed the running of their hospital. When he was appointed warden of the hospital of St. John the Evangelist in 1394, Richard Lord was informed that “whensoever and as often as he is so required by the prior [of St. Edmunds] he shall produce a full account of the hospital, and shall be bound to account fully and faithfully to the prior or his assigns for all receipts and expenses” (Harper-Bill, 1994, 58). At St. Mary Newarke in Leicester, all transactions regarding hospital property had to be approved by the patron, and none of the chaplains or the warden could make a will (Thompson, 1937, 15). As hospitals were generally religious institutions, the vows of poverty, chastity and obedience generally applied, and those who staffed them were often expected to give up their possessions upon entering. These would be put to the use of the hospital and henceforth the house would provide for the needs of its staff.

As well as the religious and financial responsibilities, the duties of the master included household management. Although in some hospitals other staff members had a say in the decision making, the more menial tasks that they performed were set for them, or at least overseen, by the master. At St. Bartholomew’s Hospital in London, the brothers and sisters were directed to attend Matins regularly and then do whatever the master ordered them to do afterwards (Medvei & Thornton, 1974, 22). The master also had responsibilities regarding the inmates. At St. Mary Newarke, the master had to examine inmates at the hospital gate to ensure they were worthy of help, hear their confessions, look after their possessions during their stay, provide each of them with a daily allowance out of the hospital funds, and ensure that they had sufficient fuel for cooking, as well as other necessities (Thompson, 1937, 15-9). Such temporal duties were usually shared with other hospital staff, and the master was often assisted in his religious obligations by fellow priests.

It was usual for hospital priests to say mass daily and conduct other divine service and worship, usually in the hospital chapel, or in a nearby church if the house did not have its own chapel. Services included mass of the day, and masses to the Blessed Virgin and to the founder or patron, as well as services to the patron saint of the hospital. Unless

engaged in other hospital business, the priests were expected to spend their time visiting the inmates, or praying or reading. Some benefactors requested that a chaplain be provided specifically to pray for the souls of themselves and their family. At the hospital of St. Nicholas in Bury St. Edmunds, for example, Henry of Stanton granted over eighteen acres of land and annual rents of £3 13s 6d to the hospital in 1324. In return, a chaplain was maintained by the hospital to celebrate divine office for the king, the abbot and convent of St. Edmunds, and the benefactor in perpetuity (Harper-Bill, 1994, 86-7). Chantry priests attached to hospitals were increasingly popular in the 15th and early 16th century, and some hospitals were even refounded as chantries by benefactors. After the last of the priests at the hospital of St. Mary the Blessed Virgin in Milton, Kent had died in 1524, it was refounded as a chantry by Sir Henry Wyatt and a similar fate befell the hospital of St. Edmund the King and Martyr in Sprotbrough, South Yorkshire (Sweetinburgh, 2004, 76; Knowles & Hadcock, 1994, 393).

Most manual labour was carried out by the lay brothers and was governed by the type of facilities available at the hospital. Duties typically included running a brewhouse and bakehouse, working in the gardens, and taking charge of the cellar, granary, larder, pantry and buttery. Such tasks may have been rotated between the brethren, although it was also common practice for individual brothers to be given specific jobs. At the hospital of St. James in Northallerton, one of the five lay brethren was in charge of the pantry and buttery, another was in charge of the garden and larder, and another was in charge of the granary. The other two brothers filled the roles of porter and hospitaller, admitting and distributing alms to the poor (Orme & Webster, 1995, 81). Lay brothers were sometimes entrusted with the task of collecting rents due to the hospital. There are several references to a 'renter' in the cartulary of St. Bartholomew's in London in the 14th and 15th century, and also to a doorkeeper (Kerling, 1973). These were clearly literate men as they acted as witnesses in various contracts drawn up between the hospital and other parties, and similarly at St. Catherine's in Ledbury the literate brothers aided the master in his administrative duties and contractual transactions (Hillaby, 2003, 21).

Whilst the men were occupied with the running and maintenance of the hospital, it was left to the lay sisters to carry out the work for which such institutions were initially established – caring for the poor and sick. They generally did everything they could to

make the inmates comfortable during their stay, such as washing them, cleaning and mending their clothes, changing the bedding, cooking meals, and taking them to the latrine when necessary. In the hospital statutes they were generally regarded as having a lower status than the male staff, and usually received less than them in the way of provisions. Their work did not go unnoticed though, as is evident from a legacy left in 1408 by the poet John Gower, who bequeathed money to all of the staff at the hospital of St. Thomas in Southwark, including the professed sisters and those who nursed the sick (McInnes, 1963, 17). A number of legacies to the staff of St. Giles in Norwich indicate that the sisters were respected as highly as the priests and lay brethren by those outside the hospital, but also viewed as being as needy as the poor men for whom they cared. They were equally well regarded by those who worked in the hospital, such as the renter William Fualeyn, who left each sister the same amount in his will as he had left to his godchildren (Rawcliffe, 1999, 174-5).

Some of the tasks carried out by the lay brothers and sisters were interchangeable, although within hospitals men and women were segregated as much as possible. Sisters were usually housed separately from the men, with the lay brethren normally accommodated in separate quarters from the priests. The master often had his own lodgings, although in some hospitals, like St. Giles in Norwich, he lived under the same roof as the priests (Rawcliffe, 1999, 244-5). Men and women were kept apart except when at work or in prayer, although even in church it was normal for them to be seated in separate areas. The rules of St. Mary Magdalen's in Gloucester stipulated that the brothers and sisters were forbidden from venturing into one another's quarters or to be seen together in the cellar, larder, orchard or field (Hillaby, 2003, 21). The situation at St. Saviour's in Bury St. Edmunds became so untenable by the end of the 13th century that Abbot John decreed that, because "the cohabitation of the two sexes is regarded as suspect, ... as the sisters now dwelling there shall die, no other woman shall be permitted to live there, but as each woman dies in her place the number of aged and sick priests should be increased" (Harper-Bill, 1994, 133).

Not all hospitals had sisters on the staff, and consequently the duty of caring for the inmates fell upon the lay brothers. A few hospitals were run exclusively by women, and so those duties normally carried out by priests and lay brothers were undertaken by

professed sisters and lay women. Some hospitals, particularly the larger ones, also employed servants and craftsmen to do much of the laborious work required at the hospital. St. Leonard's in York had about forty such workers by the end of the 13th century, including washerwomen, kitchen staff, a carpenter, a smith, a mason, and several carters and shipmen. The master and chaplain also had two pages and several other male servants lodging with them (Orme & Webster, 1995, 82; Cullum, 1993, 15). At the hospital of SS John the Baptist and John the Evangelist in Sherborne, Dorset, a housewife was charged with washing the inmates and changing their bedding, and performing any other domestic task required of her by the master, and the same responsibilities were shared by two such women at the hospital of St. Mary the Blessed Virgin in Dover (Mayo, 1933, 32-3; Clay, 1909, 155). Female attendants were often employed in almshouses founded in the 15th or 16th century to tend to the needs of the almsfolk residing therein. These hospitals were frequently run by just a warden or a chaplain, with one of the almsfolk sometimes elected as an overseer of the other inmates.

Those who worked at hospitals were not always paid a wage, but they were provided with accommodation, as well as food, clothing and fuel, or the cash equivalent to enable them to buy such things. Those hospitals that had priests, lay brothers and lay sisters often had something akin to a tiered pay structure, with the warden at the top and the lay sisters at the bottom. The priests of St. Saviour's in Bury St. Edmunds each received one mark (13s 4d) per year for winter clothing in the late 13th century, whilst each lay brother was given half a mark (6s 8d) and each sister got 5s (Harper-Bill, 1994, 133). A few years prior to the Black Death, the chaplains of St. John's Hospital in Cambridge were each given one and a half marks (20s) annually for clothing and other necessities, compared to one mark received by each lay brother, whereas the warden received twice as much as the chaplains every year (Rubin, 2002, 300). Just after the first outbreak of the pestilence had subsided, the brethren at St. Catherine by the Tower of London, were granted three marks (40s) annually for their clothing, with the sisters receiving half that amount (Jamison, 1952, 30-1). The servants were at the very bottom of the scale. At the Bedehouse at Higham Ferrers, for example, the female servant received the same allowance as the almsmen for whom she washed and cooked (Orme & Webster, 1995, 83).

The clothing they were allowed to wear was often stipulated in the rules of the hospital. Some hospitals demanded a particular uniform that would normally be provided by the institution, whereas others simply directed what type and colour of clothing could be worn. At St. Mary Newarke in Leicester, the chaplains were instructed to wear a cassock or gown of grey or brown tones, with a black habit provided by the hospital to be worn over the top of the cassock (Thompson, 1937, 14-5). The master and priests of St. Giles in Norwich were allowed to wear clothes of their own choosing, provided they were “neither prohibited [in colour] nor indecent.” In church they were instructed to wear surplices and black copes. The lay brothers and sisters all had to wear white tunics, with the brethren also wearing grey scapulars and the sisters wearing grey mantles and black veils (Rawcliffe, 1999, 244). Bright colours were normally frowned upon, but badges or emblems were often worn upon the clothing. At St. Catherine by the Tower of London, Queen Philippa’s Ordinances instructed the brothers and sisters to wear dark cloaks bearing the emblem of St. Catherine’s wheel, whereas the chaplains of St. Mary Newarke wore a white crescent moon and star emblem, and the brethren of St. John the Baptist in Bridgwater wore cloaks emblazoned with a black cross (Jamison, 1952, 29; Thompson, 1937, 15; Manco, 1998, 20). In addition to being instructed on their apparel, brethren were often instructed to have a seemly tonsure, whilst sisters were sometimes instructed to wear veils.

The nature and conduct of the staff was also governed by the rules of a hospital. Statutes usually ordained that the staff should be pure of heart and mind, clean of body, and honest of conversation. Some stated that they should be mature in age, such as those of St. Giles in Norwich, which said that sisters should be fifty years old, or a little less (Rawcliffe, 1999, 242). Wardens were usually required to have no other clerical office, although some hospitals did allow the master to keep any positions he already held prior to becoming head of the hospital, but forbade any new offices from being taken. Despite this, pluralist wardens did become a problem in a number of hospitals, particularly after the Black Death (Orme & Webster, 1995, 78). Upon entering service in a hospital, newly recruited members of staff were often expected to make an offering to the hospital, or to hand over all of their belongings to the warden. From thenceforth they were not to hold any property privately, but would be supported wholly by the hospital. At St. John’s

Hospital in Nottingham, anyone not handing over their possessions to the warden within a week was excommunicated, and anyone found to have property when they died was not given a Christian burial (Clay, 1909, 133). When they became ill or too old to continue working, they could expect to be cared for in the hospital or given a pension, provided they had carried out their duties in a proper manner.

During their time at the hospital, the sisters slept and took their meals separately from the brethren, and similarly the lay brothers often ate and slept away from the master and other priests. At St. Catherine by the Tower of London, the brothers ate together in the refectory, whilst the sisters took their meals in their rooms (Jamison, 1952, 30-1). Segregation of the sexes was often a high priority in hospitals and any unauthorised meetings between a brother and a sister resulted in a penalty or forfeit being doled out by the master. At St. Mary Magdalen's in Dudstone, for example, any man or woman found consorting with a member of the opposite sex without good reason had their food rationed for forty days (Hillaby, 2003, 21). Punishments for breaking the rules were either laid down in the hospital statutes or left to the judgement of the warden, often after consultation with his brothers or sisters during Chapter meetings. Any brother at the hospital of SS John the Baptist and John the Evangelist in Sherborne who did not comply with the rules could be expelled by the master and the other brethren, and staff who acted maliciously or broke the rules at St. Giles in Norwich were liable to excommunication (Mayo, 1933, 31-2; Rawcliffe, 1999, 248). Any chaplain from St. Mary Newarke who brought shame or dishonour upon himself was liable to be admonished, and upon a third admonishment would be expelled. Misdemeanours included frequenting taverns, walking alone in the town, arguing and fighting, and conversing with women (Thompson, 1937, 16). One of the rules listed in the statutes of St. Giles in Norwich stated that for as long as any woman, excepting lay sisters, stayed in the hospital, the chapel would be suspended from divine service, although one mass would still be permissible for the sake of the sick (Rawcliffe, 1999, 245).

Inmates

Most hospitals in England, Scotland and Wales were established to care for only a small number of inmates, with less than forty hospitals known to accommodate more than

twenty patients. Of those hospitals for which the precise number of inmates is known, over one third were established to care for twelve or thirteen patients. This number normally referred to the resident inmates at the hospital, although some hospitals also distributed a daily dole to non-resident poor who visited the hospital. The most notable of these were the hospitals of St. Mark in Bristol and St. Cross in Winchester, both of which provided daily doles for a hundred poor (Ross, 1959, xvii; Warren, 1969, 5). As well as poor folk, medieval hospitals also cared for the sick or infirm, the old and feeble, lepers, retired clergy, and travellers. The last were usually taken in for one or two nights only, whilst the sick or infirm were usually cared for until they recovered or died. Once a leper entered a hospital, it was usually for life, and the same applied to the aged and the retired clergy.

Hospitals were usually particular about the type of inmates they admitted, particularly with regards to lepers. Although some admitted both leprous and non-leprous inmates, it was more usual for lepers to be housed in special hospitals located outside towns. The distinction between leper hospitals and non-leper hospitals became clearer following the Third Lateran Council in 1179, which authorised lepers to have their own churches, cemeteries and the services of a priest (Rubin, 1974, 159). Prior to that a quarter of hospitals that admitted lepers also admitted other inmates, but following the Lateran Council only about one in twenty of all leper hospitals admitted other patients. Non-leper hospitals were usually quick to prevent those suspected of having leprosy from entering the premises, and would remove any patients that contracted the disease during their stay at the hospital. At the Maison Dieu in Arundel, any inmate that developed the disease was removed, although they were granted 1*d* per day until they died or were cured (Evans, 1969, 66).

As well as banning lepers, some hospitals also refused entry to those who suffered from other ailments or conditions. The rules of St. John's Hospital in Cambridge stated that the sick and feeble should be admitted, but that pregnant women, lepers, the wounded, and the insane should be excluded (Rubin, 2002, 300-1). Those in the same condition were also excluded from the hospitals of St. John in Bridgwater and St. John in Oxford, along with epileptics and those with contagious or incurable diseases (Orme & Webster, 1995, 58). Women were frequently prohibited from hospitals, but even where

they were not, those who were with child were often denied entry. There were probably a number of reasons for this, some of which were practical, like the cost of providing a midwife to deliver the child and the fear of the mother absconding after giving birth and leaving the hospital with the onerous duty of looking after the child. At hospitals which did admit pregnant women, such as St. Mary Spital in London, if the mother died and the father could not be found, it was usual for the institute to care for the child until the age of seven (Thomas *et al*, 1997, 104). Other reasons were not so pragmatic but were based more on superstition. Midwives were sometimes regarded with suspicion, due to their employment of magical devices to aid the delivery of the child, and this was a particularly thorny issue in the later Middle Ages when accusations of witchcraft were rife (Labarge, 2001, 179-81). There was also the religious aspect to consider, particularly in the case of single mothers-to-be who were likely to be regarded as lascivious and sinful and unworthy of help in the eyes of God, especially if they could not identify the father.

Not all hospitals denied help to pregnant women though, and some also took in orphans and widows. The London hospitals of St. Mary Spital and St. Thomas in Southwark took in pregnant women and nursing mothers, as did St. Paul's Hospital in Norwich (Thomas *et al*, 1997, 104; Rawcliffe, 1995, 68), and those that cared for poor orphans included Holy Sepulchre in Lincoln, Holy Trinity in Salisbury, SS Mary, Thomas and Edward in Llawhaden, Pembrokeshire, St. Bartholomew in London, and St. Leonard in York (Clay, 1909, 26; Cule, 1977; Medvei & Thornton, 1974, 22; Cullum, 1991, 28-9). The hospitals of St. Bartholomew and St. Leonard provided schooling for the children at the hospital, as did Christ's Hospital in London, founded in the mid-16th century (Richardson, 2001, 92).

Whilst the number of hospitals that admitted pregnant women and orphans was small, there were even fewer known to have admitted those suffering from insanity. Those who suffered from temporary bouts of madness or epilepsy were sometimes admitted to hospitals along with other sick inmates, and such cases are recorded at the hospitals of St. Bartholomew in London and St. Bartholomew in Chatham (Clay, 1909, 31-2; VCH Kent, 1926, 216-7). However, it was not until the second half of the 14th century that hospitals for the insane were given serious consideration on a large scale. In London in 1369, an institute for priests and those who had become frenzied or lost their

memories was planned but never built, and it was probably about this time that the hospital at Charing Cross was founded for distraught and lunatic persons. Shortly afterwards though, an English king, possibly Edward III, took umbrage with the proximity of such a hospital to his palace and ordered the inmates to be removed to St. Mary of Bethlehem, which began specializing in caring for lunatics in about 1377 (Clay, 1909, 32; Knowles & Hadcock, 1994, 402; Orme & Webster, 1995, 119-20). A few years later the hospital of Holy Trinity was founded in Salisbury to care for the insane, as well as other poor sick inmates, and the former leper hospital of St. Mary Magdalen in Bath may have been caring for lunatics by the end of the 15th century (Clay, 1909, 90; Manco, 1996a). In the early 16th century, a hospital specifically for those suffering from epilepsy was founded and run by the guild of St. Cornelius in Westminster (Orme & Webster, 1995, 120).

After the Black Death it became quite common for guilds to establish almshouses specifically for their members or their family, and these were particularly common in large towns such as London, York and Bristol. Tradesmen were expected to contribute money to their particular guild, and could expect to be supported in the almshouse in times of poverty or old age. Likewise, their wives were often admitted into the almshouse, either with their husband or on their own if they were widowed. As well as almshouses for tradesmen, there were also almshouses established for those of a particular profession, such as the Trinity Hospitals for mariners at Kingston-upon-Hull, Newcastle-upon-Tyne, and Leith in Scotland (Orme & Webster, 1995, 116; Cowan & Easson, 1976, 185). Not surprisingly there were also hospitals established specifically for the clergy, although these were more common before the Black Death. According to the foundation charter of 1332, St. David's Hospital in Swansea was built "lest priests decreped and infirm, and other poor men in the Bishoprik of St Davids be at any time destitute of food, and begging, to the scandel of the clergy and the Church" (Hicks, 2002). Also founded in the early 14th century were the hospitals of St. Mary the Blessed Virgin in York, for six aged and infirm chaplains who could no longer perform divine service, and Clyst Gabriel in Devon, for twelve poor infirm priests (Richards *et al*, 1989, 6; Orme & Webster, 1995, 217). At Elsing Spital in London, yet another early 14th

century foundation, one hundred inmates were accommodated, with preference given to blind and paralysed priests (Rawcliffe, 1984, 18).

Admittance to a hospital was usually free, although on occasion some hospitals did charge an entrance fee. It was not uncommon for duplicitous wardens or chaplains to break the rules of free admission for their own profit. At the end of the 13th century, Abbot John of Bury St. Edmunds sought to rectify some of the faults apparent at St. Saviour's Hospital, and his notification of changes to be made ended with the warning that anyone found admitting a brother for money would be excommunicated (Harper-Bill, 1994, 132-4). Such threats did not always work. At St. Bartholomew's Hospital in Gloucester, for example, allegations of receiving admission fees were made against the prior and brethren in 1380 (Orme & Webster, 1995, 101). As hospitals were generally intended for poor people, charging fees was regarded as an anathema, but nonetheless some found it necessary to survive, whilst others did so at the command of avaricious administrators, who sold corrodies to the wealthy. Giving or selling places in a hospital to those who were not without the means to support themselves was usually forbidden in the rules. At St. John's in Bridgwater, the early 13th century regulations drawn up by the bishop of Bath and Glastonbury ordered that neither rich nor powerful persons should become a burden to the hospital (Clay, 1909, 213).

Although the poor were not usually expected to pay to enter a hospital, they were expected to relinquish any possessions they might have. These would normally be returned to them when they left, although at hospitals where the inmates were not expected to leave, such as those for the terminally ill, their goods were usually used for the good of the hospital and its inmates. In such cases, it was often stipulated by the hospital that inmates were not allowed to bequeath their possessions to anyone in a will. This was particularly true of lepers who, upon entering a hospital, underwent a funereal ritual in which they were declared "dead to the world, but alive again unto God" (Clay, 1909, 274). Although rules specific to the admission process are not always forthcoming, those of St. John's Hospital in Oxford indicate that new inmates were expected to make confession and then take communion, before being shown to their bed (Rubin, 2002, 159). This would normally be carried out once the worthiness of the person to become an inmate was established, either by the warden or another member of the hospital staff. At

hospitals that excluded certain types of inmates, such as lepers, lunatics or pregnant women, such a process was particularly necessary. At St. John's Hospital in Bridgwater, any such inmate admitted into the hospital by mistake was expelled as soon as possible (Manco, 1998, 38).

Once inside the hospital, inmates were usually provided with a bed, clean clothes, food and drink. If the hospital provided the food and clothing, it was usually a standard amount based on a particular cost. At the hospital of SS John the Baptist and John the Evangelist in Sherborne, the inmates were given meat and drink to the total value of 10s per week in 1437, and clothing or other necessities to the value of eight marks per year. This included a new gown every Christmas, which had the insignia of a bishop's mitre on the right breast and the arms of St. George on the left breast, and a white hood (Mayo, 1933, 33-4). At some hospitals, particularly the later almshouses, the inmates simply received a cash allowance with which to buy such necessities. Those who resided in the later almshouses were normally required to wear clothing of the same type or colour, or an identifying emblem such as that worn at Sherborne. In Bath, the almshouse of St. Catherine was known as 'the Black Alms', whereas St. John's was known as 'the Blue Alms', because of the colour of the clothes worn by the almsfolk, whereas the almsfolk at St. Nicholas in Glasgow were required to wear white (Hallett, 2004, 37).

Whilst in the hospital, the inmates were expected to abide by the rules set out in the statutes and to behave in a manner that was not disruptive to others in the house. Penalties for breaching the rules were decided upon by the master, except where they were stipulated in the regulations, and ranged from the withholding of food or allowances for minor offences to expulsion, excommunication or even execution for serious violations. For neglecting their devotional duties, the almsfolk of Ewelme Bedehouse in Oxfordshire were fined, whereas the inmates at St. Margaret's Hospital in Gloucester were liable to be excommunicated for the same offence. Any inmate found to be concealing money from the warden at St. Mary's Hospital in Chichester was flogged, and inmates who transgressed at the leper hospitals of Exeter, Sherburn in Durham, and Harbledown in Kent were put in the stocks, beaten with a rod, or castigated in public (Clay, 1909, 139-40; Richards, 2000, 127; Bartleet, 1896, 136). At Croydon Almshouse any inmate discovered soliciting alms was expelled, and a similar fate befell any almsfolk

of St. Mary Newarke in Leicester who were bothersome or disobedient, or convicted of a crime. At the leper hospital of Ilford anyone carrying out an immoral act, such as bringing a woman into the hospital, was liable to be publicly humiliated as well as expelled (Clay, 1909, 140-1; Thompson, 1937, 46). The ultimate punishment of execution was given to any leper who broke the rule of confinement at the hospital at Greenside in Edinburgh and, to remind the inmates of the seriousness of this crime, the gallows upon which the guilty were hanged were erected in the hospital grounds (Cule, 1970, 37; Richards, 2000, 57-8).

Hospital Care and the Role of Religion

i) Care of the Body

The physical care provided in medieval hospitals was based primarily on the Works of Mercy as laid out in the Bible, which formed the basis for the Seven Comfortable Acts. Six of these were charitable acts recounted by Christ in his sermon on the Last Judgement [Matthew 25: 35-36]: feed the hungry, give drink to the thirsty, take in poor strangers, clothe the naked, care for the sick, and visit prisoners; the seventh act added to this list was burial of the dead. Only one of these Seven Comfortable Acts refers specifically to the sick, and the wording in the Bible is actually 'I was sick, and ye visited me', with no reference to the offer of a cure. Although physicians and surgeons were commonly hired by the richer members of society to treat their ailments, it was not until the 16th century that these began to be employed on a permanent basis at hospitals. Thus the emphasis in hospitals was on providing care and support for the poor, rather than the provision of medical treatments, although the latter was sometimes utilised in pursuit of the former. As many hospitals followed the rule of St. Augustine, which stipulated a need for physical as well as spiritual cleanliness, inmates could expect to receive baths and have their clothes and bedding laundered.

It is difficult to assess the conditions in medieval hospitals, but their function suggests that a peaceful and hygienic environment would have been preferable. Whether such conditions were always achieved or maintained is uncertain, but hospital rules stipulating regular bathing and laundering, and the elaborate drainage systems designed to bring in fresh water and carry away waste, indicate that cleanliness was certainly

regarded as important. In London, some hospitals were piping in water before the civic authorities had begun to do the same for the general population of the town (Rawcliffe, 1984, 10). At the leper hospital of Sherburn in Durham, two bath-tubs were provided and the lepers had their heads washed once a week, whilst their clothing was laundered twice a week, and utensils washed daily (Richards, 2000, 127). Bedding was usually changed on a regular basis and new inmates were normally provided with fresh sheets upon their arrival at a hospital, as was ordained in the 14th century statutes of St. Mary Newarke in Leicester and at the Savoy Hospital in London in the 16th century (Thompson, 1937, 47; Clay, 1909, 173).

The earliest beds were made of straw, although feather beds later became a more comfortable alternative. Bedding was usually of linen or wool and, as mentioned above, was normally changed on a regular basis. The rules of the hospitals of St. John in Cambridge and St. John in Ely emphasised that clean bedding was essential for the comfort of the inmates (Rubin, 2002, 161). On the continent it was not uncommon for a single hospital bed to accommodate two or more patients, and during the Black Death three or four beds in the Hôtel Dieu in Paris were pushed together to accommodate twelve or more inmates. The smaller scale of hospitals in Britain, however, meant that patients usually had the luxury of their own bed, although in some of the larger hospitals this may not have been the case. At St. Mary Spital, London, for example, calculations based on archaeological and historical evidence (i.e. the hospital dimensions, the width of the beds, and the number of inmates extrapolated from the total amount of dole paid out), suggest that there were two patients to each bed in the 14th century (Thomas *et al*, 1997, 103). At the smaller hospital of SS John the Baptist and John the Evangelist in Sherborne though, each of the inmates had a separate bed with 'sufficient closure be twixt them' (Mayo, 1933, 34).

Some hospitals were self-sufficient when it came to providing food and drink, but others, such as St. Mary Magdalen in Colchester, St. Mary Magdalen and St. John the Baptist in Reading, St. Michael in Whitby, and St. Mary de Pré near St. Albans, received provisions of food and drink from nearby abbeys (Gilchrist, 1992, 107; Harvey, 1995, 19). The usual daily diet of inmates at most hospitals seems to have been a loaf of bread and a half-gallon or gallon of beer, with meat three days a week and fish, pottage,

vegetables, eggs and cheese on other days, although these amounts sometimes varied according to the size of the institution. Extra rations were usually given out on feast days, but the fare of the inmates was likely to have differed in quantity and quality from that of the warden and priests. Evidence from the skeletal remains at St. Mary Spital in London and St. Saviour's Hospital in Bury St. Edmund indicates a difference between the diet of those who were buried in the chapel and those who were buried in the cemetery outside, with those buried in the chapel having enjoyed a richer diet (Thomas *et al*, 1997, 231; Anderson, 1990). In later almshouses the inmates were often given an allowance to buy food or ingredients, which would be cooked by a housewife or which they would have to prepare themselves (Clay, 1909, 167-9; Cullum, 1991, 16; Orme & Webster, 1995, 122-3; Rubin, 2002, 160-1).

With regards to medical treatment, the Fourth Lateran Council of 1215 banned priests, including infirmarers, from carrying out surgical practices that involved the shedding of blood, and this may in part account for the low number of doctors associated with medieval hospitals. In the late 13th century, however, the infirmarer's accounts of Westminster Abbey itemised the costs of surgery carried out on some of the brethren, and a hundred years later those of Durham Cathedral recorded the purchase of twelve special earthenware dishes used for blood-letting (Gilchrist, 1992, 110). Surgeons or physicians may also have been hired at hospitals on occasion, but they were more likely to attend to the warden or brethren of the hospital rather than to inmates. At St. John's Hospital in Oxford, for example, William de Stafford was paid £1 in 1340 for healing the hand of Brother Thomas (Moffat, 1986, 10). Where hospital cemeteries have been excavated, evidence of fractures that had healed is not uncommon, although these may not all have occurred or been treated at the hospital. One fractured bone at St. Bartholomew's Hospital in Bristol however, was only partially healed, indicating that it had occurred shortly before death and was therefore likely to have been treated at the hospital (Price & Ponsford, 1998, 179). At St. Mary Spital in London evidence from a dozen or so such injuries suggests that the wounds had been kept clean during healing, as infection of the wounds was not apparent (Thomas *et al*, 1997, 231)

Although evidence of physicians and surgeons associated with medieval hospitals is rare, it is likely that sick inmates were treated with herbal remedies to sooth their

discomfort. Medieval writers such as Macer and Gilbertus Anglicanus listed the ingredients and provided recipes for potions, salves and poultices (Getz, 1991), and many of those who cared for the sick were probably aware of the medicinal properties of the plants they grew in the hospital gardens. Excavations at Soutra in Scotland identified a number of plants that may have been used for medicinal purposes in the medieval hospital there, such as henbane, hemlock, and tormentil. According to Gilbertus, the vapours of henbane mixed with leek seeds were a remedy for toothache, as was a plaster of henbane, roses, water-lilies and cumin (Getz, 1991, 93). One of the fourteen teeth found at Soutra was evidently extracted with pincers suggesting that treatment of the teeth was carried out at the hospital, and it is therefore not implausible that henbane was used there to sooth toothache (Moffat, 1992, 8). It is likely that a variety of herbs such as mint, parsley, and thyme were grown in hospital gardens for use in medicinal remedies as well as in cooking. Some may also have grown ingredients specifically intended for use in potions, salves and other concoctions.

Although only a very small sample of human remains have been excavated from medieval hospitals, they normally reveal that a high percentage of those buried were either middle-aged or old when they died. At St. Giles in Brompton and St. Saviour in Bury St. Edmunds, most were adults, with over one-third of those that could be aged being over 45 years old at the time of death (Cardwell, 1995, 216; Anderson, 1990). Over half of those at St. Bartholomew's in Bristol were over 45 years old, with several likely to have been well into their 50s or 60s at the time of death (Price & Ponsford, 1998, 176). Many of the skeletons from these sites revealed signs of osteoarthritis indicating deterioration from physical stress and old age rather than disease, and a high incidence of osteoarthritis was also evident in the skeletons found at St. Leonard's Hospital in Newark-on-Trent (Gilchrist, 1992, 116). Whilst some diseases may not have left their mark on the skeletal remains, and some hospitals only admitted persons over a certain age, the evidence does seem to suggest that those who entered a hospital might have expected to survive for many years. Studies of the dates of entry to the hospital and death of inmates at Clyst Gabriel in Devon and St. Leonard's in York show that in the 14th century the average life expectancy within the former hospital was just under four years,

and just under nine years for those at the latter (Orme & Webster, 1995, 123; Cullum, 1991, 26).

ii) Care of the Soul

According to Canon Law, the soul was more important than the body with regard to the contraction and treatment of diseases. Sickness and disease were often seen as forms of purification through suffering or retribution for sin, and those who endured this pain and torment were thus regarded as being somehow closer to God, or at least more prepared to meet Him. Donating to a hospital, which provided the seven charitable acts dictated by Christ in the Bible, and having the poor and sick pray for one's soul in return, would no doubt have seemed most beneficial during the medieval period. From the 12th century onwards benefactors commonly stated in their charters that their donations were given for the salvation of their own soul and those of their ancestors and successors (Rubin, 2002, 185). Even those who sought to ease the physical suffering of the sick often did so for the good of their soul. In 1365, John of Burgundy wrote a treatise on the plague "not for money but for prayers, and so let anyone who has recovered from the disease pray strongly for me to our Lord God" (Horrox, 1994, 193). Prayer was also considered a suitable treatment for illnesses such as leprosy and insanity, which were often regarded as being the result of sinful behaviour. In medieval times leprosy was linked to sins of the flesh and was therefore best remedied by repentance and a life of poverty, chastity and obedience (Gilchrist, 1992, 114).

Hospital statutes often went to great lengths to govern how rigidly the staff and inmates were to maintain divine services and how they should conduct themselves in a proper manner at all times. Guidelines were sometimes laid out regarding eating habits and cleanliness, but generally the temporal duties were far less regulated in writing than the spiritual duties. The result is that we know far more detail about the religious aspects of a hospital than we do about the healthcare they provided. It was common for three masses, the mass of the day, the mass of the Blessed Virgin, and the mass of the dead, to be celebrated daily, and matins, vespers, and other canonical hours were also said daily, with specific times often stipulated in the rules. The whole community of the hospital was expected to attend services, unless other duties did not permit this or illness prevented it.

Even those who were bedridden, however, were often able to view the services, either because the chapel was located in the infirmary or the hospital possessed a portable super-altar. At the leper hospital at Sherburn in Durham, any bedridden inmate was still expected to pray from their bed when the bell rang (Clay, 1909, 160-3). The list of souls for whom prayers were to be said was often very long and usually included the royal family, founders and benefactors, and numerous ancestors and successors.

In order to carry out these divine services it was usually necessary for a hospital to obtain a licence to consecrate at least one chapel, although sometimes a nearby church was used instead. Items that adorned the altar were often granted to hospitals by benefactors, including candles, which were also useful in the rest of the hospital, and bibles, plates, chalices, and vestments. Some chapels were ornately decorated with wall-hangings and paintings depicting biblical scenes and saintly images. At the extant chapel of the hospital of St. Nicholas in Harbledown, a 14th century painting of Mary and the Angel of the Annunciation can still be seen, and images of the patron saints adorned the walls of the chapels at St. Giles' Hospital in Lincoln and St. Mary Magdalen's Hospital in Durham (Prescott, 1992, 21; Clay, 1909, 163). The latter also functioned as a parish church and a wedding ceremony was held there in the 15th century; the presence of a font suggests that baptisms were also carried out in the chapel (Jessop, 1996, 121).

A number of medieval hospitals kept holy relics, some of which were reputed to have healing powers, which attracted pilgrims and potential benefactors. Fragments of the True Cross were held at the hospitals of St. Bartholomew in North Creak, and the Holy Cross in Colchester, the latter being encased in 21 ounces of gold (Rawcliffe, 2002, 123; Hillaby, 2003, 75). An impressive array of relics reputedly held at St. Catherine's Hospital in Ledbury included bones of St. Stephen, St. Andrew and St. Simon, blood and hair of St. Thomas the Martyr, and pieces of clothing from the Blessed Virgin, St. Thomas the Martyr, St. Thomas Cantilupe and St. Denis (Hillaby, 2003, 136). In Bury St. Edmunds, the hospital of St. Petronilla possessed the skull of this daughter of St. Peter, and St. Stephen's hospital held a phial of the patron's blood (Harper-Bill, 1994, 1-2). Bones of the latter saint were held by St. Bartholomew's Hospital in Oxford, along with skin from St. Bartholomew, and St. Anthony's Hospital in London received relics of St.

Ursula's Virgins from Cologne in the 15th century, including two heads garnished with silver (Orme & Webster, 1995, 56; Graham, 1927, 364).

The final service received by many members of the hospital community was the act of burial. Hospitals often had their own cemeteries in which to bury staff and inmates alike, although different areas within a cemetery may have been reserved for certain members of the hospital community. Archaeological evidence from the hospitals of St. Mary in London, St. Saviour in Bury St. Edmunds, and St. Giles in Brompton indicates that those of a higher status, probably benefactors and priests, were buried in or near the chapel, with those of a lesser status, presumably the inmates, buried further away from the chapel (Thomas *et al*, 1997, 231; Anderson, 1990; Cardwell, 1995, 134-5). Hospitals without their own cemetery usually buried their dead in the graveyard of a local church. The leper hospital of St. James in Dunwich buried its dead in the graveyard of the church at Brandeston, about fifteen miles away. A few hospitals also accepted outsiders for burial in their cemetery, such as the leper hospital of Holy Innocents in Lincoln which buried those who had been hanged on the gallows at Canwick (Gilchrist, 1992, 103-4). The rights of burial could be financially beneficial to a religious institution, and this sometimes caused disputes between hospitals and local churches. A major dispute arose in Bristol in the 13th century between the hospital of St. Mark and the church of St. Augustine the Lesser, which resulted in the vicar of St. Augustine actually stealing bodies from the hospital cemetery. The dispute was eventually settled in favour of the hospital, which maintained the rights and oblations and had the stolen bodies returned (Ross, 1959, 46-50).

Conclusion

Whilst it was common for medieval hospitals to be established for thirteen inmates, with a master and priests providing spiritual care and lay brothers and sisters providing physical care, not all hospitals were the same. The function of a hospital does not seem to have influenced the number of staff or inmates accommodated, as even the few hospices for travellers and pilgrims for which numbers are known had two or three staff and provided beds for twelve or thirteen inmates. Numbers of staff and inmates did vary according to the size of the foundation though, with a high percentage of large

hospitals located in the south-east of England. The type of care provided in hospitals did not vary greatly from one institution to another, although the quality of care would no doubt have differed according to the financial capability of each hospital and the competence of its staff. Care for the soul was of great importance and even at hospices, which provided short-term sustenance for pilgrims or poor travellers, a chapel in which to offer prayer was a common sight. In hospitals for the poor and the sick, as in *leprosaria*, inmates entered for much longer periods of time, usually until their situation improved, they recovered from their ailment, or they died. In such long-term establishments inmates, particularly those at leper hospitals, would have been expected to help in the daily running of the hospital if able, and their personal possessions used for the good of the institution. The inmates of almshouses in the later medieval period were generally self-sufficient, although they too normally had a master or warden to oversee the running of the hospital.

Regardless of numbers or the type of inmates at a hospital the rules were generally the same, with the emphasis on regular prayers and divine services. Staff and inmates were required to conduct themselves in a respectable manner and obey the rules at all times. Resident staff and inmates were usually segregated within the hospital, except when attending religious services, with men and women eating and sleeping apart and priests and lay persons also being separated. Although the church laid out specific rules to be observed by lepers, statutes of leper hospitals did not differ greatly from those of other hospitals. Those in Exeter, St. Albans and Sherburn, for example, might easily have been applied at a hospital for non-leprous inmates, although the inmates at St. Julian's in St. Albans were forbidden from entering the mill or brewery and handling the bread or beer (Richards, 2000, 134-5). The provisions of food, drink and clothing were the same as might be expected at any other hospital, as were the religious duties. Although a curfew was enforced at Sherburn, the inmates were allowed visitors who could come and go freely and even stay overnight. Those at Exeter and St. Albans were allowed to venture out of the hospital if they obtained permission from the master, and those at St. Albans might even spend the night away from the hospital (Richards, 2000, 125-41).

Despite the efforts made by those who created statutes for hospitals, they were not immune to mismanagement by absentee, pluralist, or greedy wardens and their staff. At the hospital of SS John and Thomas in Stamford, Master Hugh prevented inmates from entering the hospital at the end of the 13th century and kept the alms for himself (Clay, 1909, 217). In 1311, the master of St. John's Hospital in Chester was removed because he had impoverished the hospital, and the same year the master of St. Giles' at Kepier was also dismissed due to mismanagement (Cule, 1977; Meade, 1995, 28). At St. Mary's in Ospringe, a visitation in 1422 declared that the hospital had also fallen into decay due to mismanagement by the master, and in 1517, the hospital of St. Mary in Brechin was refounded following a string of absent wardens who had misappropriated hospital funds (Frohnsdorff, 1997, 26; Cowan & Easson, 1976, 172).

With honest and competent staff and sufficient financial support though, a medieval hospital went some way to alleviate the plight of the poor and the sick by providing a haven of spiritual healing and a place for rest and recuperation. Archaeological and documentary evidence indicates that those who entered them could expect to survive for a number of years thanks to regular meals, a clean environment and a bed. The early hospitals often included as many staff as there were inmates, but there was a change in the make-up of the hospital community after the Black Death, with almshouses still providing for a similar number of inmates, but being run by fewer staff. The religious aspect of hospitals was still maintained, although with a greater tendency to honour hospital founders and benefactors. Physical healing was rarely provided by trained physicians and surgeons, although it is likely that the sick received herbal treatments when needed. It was not until the foundation of the Savoy Hospital in the 16th century that a sick patient could expect to receive medical treatment from a trained physician or surgeon.

4.

REGIONAL DISTRIBUTION

Introduction

Compared to hospitals on the Continent, like the Ospedale di Santa Maria Nuova in Florence and the Hôtel Dieu in Paris, which accommodated four or five hundred inmates (Siraisi, 1990, 39; Rawcliffe, 1997, 204), the majority of hospitals in England, Scotland and Wales were small, rarely caring for more than about twenty or thirty inmates. They were introduced into Britain as part of the new monastic movement initiated by William the Conqueror and this infers that they were originally founded more for religious reasons than for practical reasons. With the exception of Archbishop Lanfranc's foundations, the hospitals built during William's reign were more concerned with caring for the poor and travellers rather than for the sick. His son, William Rufus, did found a much larger hospital in York to care for the sick, but the concept of hospitals as religious establishments rather than centres of healing seems to have been more prevalent in Britain than elsewhere.

Although the larger hospitals on the Continent were also closely linked to religion, some had doctors to care for the sick as early as the 13th century, whereas such provisions were rare in British hospitals until the 16th century (Rubin, 2002, 153; Rawcliffe, 1997, 204). Arabic and Greek medical practices were at the forefront of healthcare during the medieval period and these would have been more accessible to doctors working in southern Europe. Consequently centres of medical learning flourished in Italy and France, whereas in Britain the opportunities for studying medicine were limited. During the 14th and 15th centuries, for example, Cambridge and Oxford only produced approximately one hundred and fifty graduates of medicine, an average of less than one per year (Rawcliffe, 1997, 108). Whilst this was comparable with some of the smaller faculties in Europe, it was the Italian and French universities, such as Bologna, Padua, Paris and Montpellier, that became the major centres of medical education at this time. These centres attracted students from far afield, with more than a quarter of all medical degrees awarded at Padua in the 15th century going to students from northern

Europe (Siraisi, 1990, 62). It is not surprising therefore, that hospitals in these areas were much larger than those in Britain.

On such an international scale, the hospitals of England, Scotland and Wales may be viewed as being generally similar to one another, although different from those in other European countries. However, there were also regional variations and distinct patterns of distribution within these three countries, and it is these that will be discussed in this chapter. Analyses will attempt to identify patterns on a regional scale that can then be examined in more detail and more locally on a county scale. The aspects of medieval hospitals looked at include types and gender of inmates cared for, foundation dates, dedications, and location. Some topics are omitted here as they are covered elsewhere in the thesis, such as hospital founders and the layout of hospital buildings.

For the purpose of this study, England is divided into eight regions of roughly equal size, and Scotland and Wales are each divided into two regions, north and south (Fig.2). The geographical areas covered by the regions used for Scotland and Wales are larger than those in England, but this is made necessary by the generally smaller number of hospitals in those two countries. The regions are based on modern counties for ease of reference, but this in no way implies that the same county boundaries were used in medieval times, or indeed that these counties actually existed in medieval times. The fluidity of geographical boundaries over the centuries makes it necessary to find some fixed starting point, and so modern boundaries have been used, although in recent times even these have undergone a series of changes. Again this does not imply that certain areas belonged to the same regions in medieval times. Berwick, for example, changed hands between the Scottish and the English thirteen times between 1174 and 1482 (Beresford & St. Joseph, 1979, 193), and large areas of Cumbria were not always part of England. Similarly, Monmouthshire has not always been considered distinctly Welsh.

Within these regions the quality and quantity of evidence varies, with that of southern England and the north-east being more complete than that of the north-west, Scotland and Wales. In areas with more hospitals, trends and patterns are more easily defined, but smaller numbers can sometimes lead to apparent patterns that arise more out of coincidence than actual trends. Percentages are used to try and see past this, but this does not always solve the problem on a county by county basis. Comparisons on a

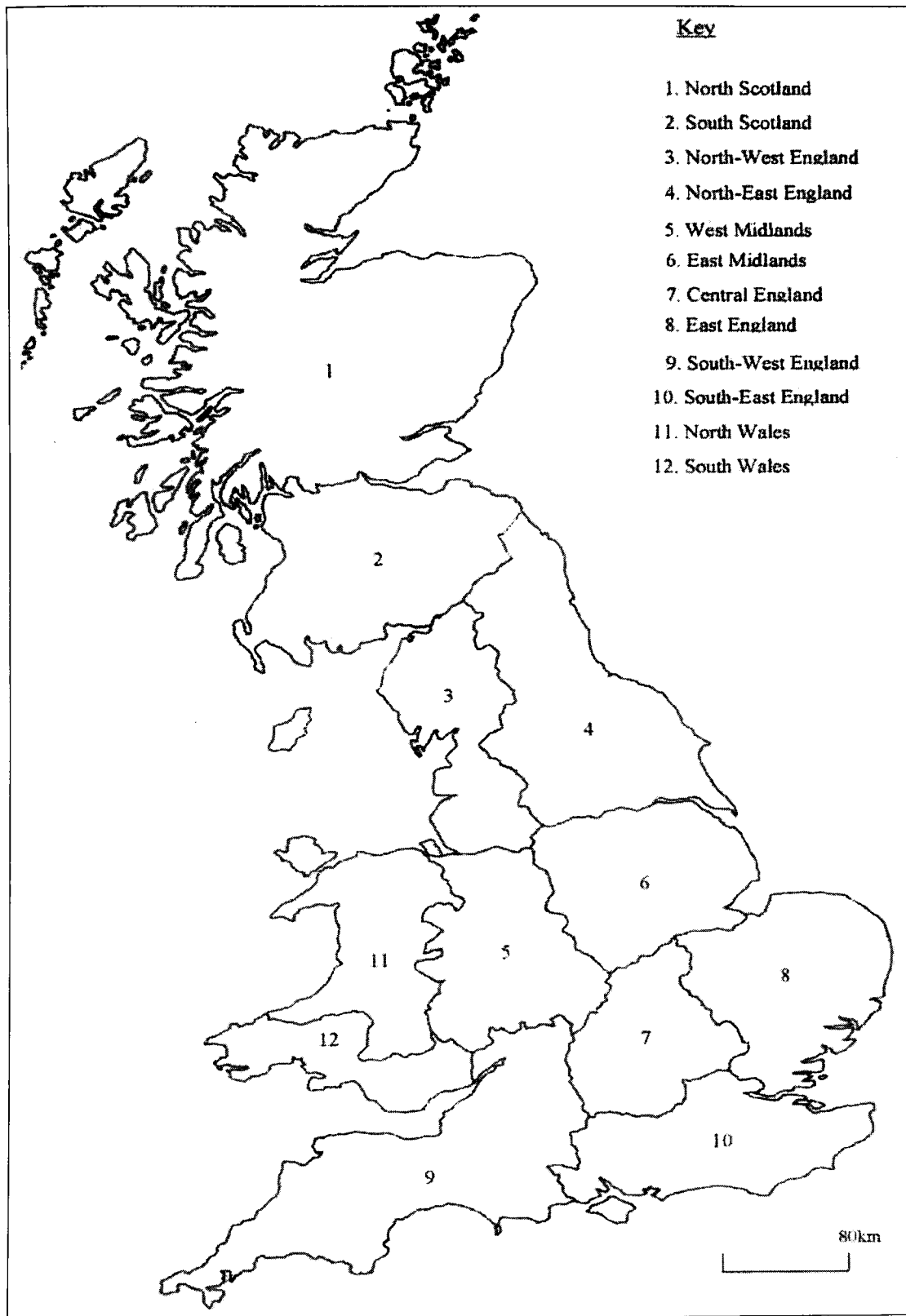


Fig. 2. Map of the Regions

regional basis become more important in such instances, with greater numbers negating many chance statistics. Any trends and patterns identified may provide clues as to what the missing information on some hospitals might have been. For instance, seven of the eight hospitals dedicated to St. Giles in the West Midlands were for lepers. The type of inmates cared for at the hospital of St. Giles at Newport in the same region is not recorded, but it seems likely that it would have been a leper house. Where appropriate, other speculations are made as to what certain missing details might be, whether it be the dedication, type, foundation date (i.e. early or late) or sex of the inmates admitted. The use of 'early' and 'late' to describe a foundation date in this instance generally refers to dates prior to and after the Black Death in the mid-14th century, and these terms will be used throughout this chapter. The mid-14th century has been used as a dividing period between 'early' and 'late' hospitals of medieval times as there was an apparent hiatus of hospital founding during this period (see Fig.21).

The following analyses are based on information provided by the database compiled as part of this research. Although information has been gathered from many sources to compile this database, the main sources were Clay (1909), Cowan & Easson (1976), Knowles & Hadcock (1994), Prescott (1992), and Orme & Webster (1995), each of which contains a gazetteer of medieval hospitals. Any specific information from alternative sources is referenced within the body of this text, but where no reference is given, the information has been taken from the database and thus from one or more of the sources listed above. It is worth pointing out that whilst the foundation date of a later hospital can usually be stated with a high degree of accuracy, those of hospitals from the earlier period are sometimes harder to pinpoint with precision. Some were not recorded until a century or more after their foundation and in many cases we are simply left with a 'founded by' date, which means that some of the apparent patterns identified here may require updating as and when new information becomes available. With regard to the dedication of a hospital, whilst the majority of early hospitals were dedicated to one or more saints, many later hospitals were not. Some dedications may simply refer to the hospital chapel rather than the hospital itself, but in such cases that have been identified, the chapel dedication is usually disregarded in favour of the hospital name, although notes to this effect have been recorded in the full database. The dedication of a hospital

sometimes changed over time, but in such cases it is the original dedication that is used for comparison, although again alternative dedications can be found in the database notes. Changes are useful when considering patterns in chosen saints over time, and in such instances the new dedications may be alluded to in this section.

As dedications sometimes changed during the lifetime of a hospital, so too did the function of the hospital. Leper hospitals, in particular, often became hospitals for the poor or sick as the disease died out. However, for the purposes of this study, the original function of the hospital is generally considered, although hospitals that were specifically refounded as a distinctly different type of hospital are also given consideration. Some hospitals provided support for a number of different types of inmates, but in such cases precedence is given in the following order:

1. Almshouses were a distinct type of hospital that usually provided accommodation for inmates on more of a live-in basis than other hospitals. Places were often given on a permanent basis, with inmates usually only leaving on their deathbed, unless they were expelled for some reason or the almshouse was forced to close down. Most were institutions for the poor and old, but there were about twenty or so that also provided care for the sick. Very few almshouses supported travellers and none admitted leprous inmates.

2. Leper houses were generally for leprous inmates only, although there were about twenty or so that also admitted persons with other illnesses. Few supported non-leprous poor or old, or travellers. All hospitals that cared for leprous inmates were regarded as leper hospitals, including the few that admitted other inmates too.

3. Where the poor, sick and travellers were supported, the hospital is listed under the heading sick, to indicate that a level of healthcare was given. This may not necessarily be medical care, as we might understand it today, but simply herbal remedies, special diets, or simply washing and clothing the sick. This category also includes hospitals that were specifically founded for sick or infirm clergy.

4. The category of travellers included hospices that provided for poor travellers and pilgrims, as well as those that also provided for the poor in general, but does not include those hospitals that also provided care for the sick.

5. Those listed as hospitals for the poor included those for the poor and aged, as well as old and needy clergy and Jewish converts.

As much of this study is based on statistical analysis of the available information, numbers provide a key element and are mentioned constantly throughout. To make the presentation of this chapter more accessible, only dates and percentages are written in numerals, whereas actual hospital numbers are spelled out. For numbers over a hundred, however, numerals are used.

Region	Lepers	Alms.	Poor	Sick	Travel.	NK	Total
NE. England	42	70	19	15	25	24	195
SE. England	53	59	18	25	20	10	185
SW. England	48	66	17	17	11	10	169
E. England	54	32	22	15	14	14	151
C. England	41	36	13	11	7	15	123
E. Midlands	37	32	11	13	2	9	104
S. Scotland	12	28	11	10	5	26	92
W. Midlands	21	26	11	12	6	10	86
N. Scotland	10	11	14	4	5	11	55
NW. England	14	8	0	0	7	4	33
S. Wales	6	0	1	5	7	9	28
N. Wales	1	1	0	1	6	2	11
Total	339	369	137	128	115	144	1232

Table 2. *Regional summary of hospital foundations from 1066-1560 based on types of inmates.*

Regions

i) North-West England

There were only thirty-three hospitals in this region, about half of which were leper hospitals and half were almshouses or hospitals for the poor and travellers. The low number of foundations reflects the relatively sparse population and poor economic status compared to most other regions. Throughout most of the medieval period, much of the population was dispersed into small settlements, many of which did not even have a church (Higham, 2004, 220), let alone a hospital. Of the few hospitals that were

established in the north-west, the majority were founded in the late 12th or the 13th century, with only three established in the latter part of the 14th century and another five in the late 15th or the 16th century. Due to the scattered settlement pattern in the area, early hospitals were more concerned with providing care for poor travellers rather than for the sick. There was also a high proportion of *leprosaria* in this region, a characteristic found in other areas that had large tracts of land that were as remote and rugged as many parts of north-west England (see pp.169-70). Most of the later hospitals were almshouses, the only certain exception being the 16th century hospital of SS Mary the Blessed Virgin and Gabriel at Brough under Stainmoor, located along a pass into Yorkshire to provide support for travellers. There are two other possible exceptions, one being the hospital at Wilderspool, first recorded in 1355, and the other being the leper hospital of St. Leonard at Wigton, which was first recorded in 1369 but which may have been built much earlier in the 12th century (Wiseman, 1987, 85 & 89). There were six other hospitals dedicated to St. Leonard in north-west England, at least four of which were for lepers. The type of inmates admitted at Kirkby Lonsdale and Bewcastle is uncertain, but these too may have been leprous. There were three dedicated to St. Nicholas and two dedicated to St. Thomas the Martyr, all of which were leper hospitals, but only a single dedication to St. Mary Magdalen, which was a leper hospital too. There were four hospitals dedicated to St. Mary the Blessed Virgin, which varied in foundation dates and hospital types, but none of the hospitals in this region were dedicated to St. John the Baptist.

With the possible exception of the hospital of St. Leonard at Wigton, all leper hospitals were founded between 1154 and 1290, and all were dedicated to either St. Nicholas, St. Leonard, St. Thomas or St. Mary. Six of the seven hospitals established to shelter poor travellers were founded in the 12th or 13th century, the exception being the 16th century hospital at Brough under Stainmoor. Two of these also admitted non-travelling poor, but there were no hospitals built specifically to take care of the non-leprous sick and infirm, although the 12th century leper hospital of St. Nicholas at Carlisle was admitting poor and infirm inmates by the following century. A few of the almshouses admitted travellers as well as the poor, but none are known to have admitted the infirm, whether leprous or not. In addition to the five later almshouses mentioned above, there were three earlier almshouses established in the 13th century. Of the few hospitals where

the gender of the inmates is known, none were founded for women, but five were founded exclusively for men; another four admitted both sexes.

Cumbria

Cumbria had twenty medieval hospitals in total, including nine leper hospitals, five hospitals for travellers, and four almshouses. The function of the remaining two hospitals is not known, although their dedication to St. Leonard suggests that both may have been leper houses. At least eight of the nine known leper hospitals were in existence by the end of the 13th century, whilst the hospital of St. Leonard at Wigton may also have been founded by this time despite its late appearance in the historical record (Wiseman, 1987, 85). Four of these were dedicated to St. Leonard and two more were dedicated to St. Nicholas, with one dedication to St. Mary the Blessed Virgin and another dedicated to SS Mary and Thomas the Martyr. Whether the saintly figure venerated in the latter refers to the Blessed Virgin or Mary Magdalen is not known, but both of these saints were associated with leper hospitals in the neighbouring county of Lancashire. The use of the name Mary on its own suggests the Blessed Virgin, but this is not certain. The dedication of the ninth leper hospital is not known. The two hospitals of unknown function were also dedicated to St. Leonard, making a total of six dedications to the saint in this county. Four of the hospitals for poor travellers and two of the almshouse were founded in the 12th or 13th century, with the other hospice and almshouses founded in the 16th century. The dedications of these hospitals varied, with no saint being associated with more than one hospital.

Cumbria consists of a rugged, mountainous interior surrounded to the north, south and west by lowland coastline. At the time of the Norman invasion most of this area belonged to Scotland, and it was not until the 12th century that the new English county of Cumberland was formed, named after its Welsh speaking inhabitants (Hinde, 1985, 63). It was during this century that hospitals began to be built, with an emphasis on leper houses and hospices for travellers. The remoteness of large parts of this county resulted in a high proportion of both these types of hospitals, with the handful of almshouses in the county located near the few focal centres, such as Carlisle and Holmcultram Abbey. St. Leonard was by far the most popular saint associated with Cumbrian hospitals, and was

commonly associated with those housing lepers. Other saints were also venerated, but only Mary the Blessed Virgin, Nicholas and Thomas were associated with more than one hospital. Single dedications to St. John and to St. Mary may refer to John the Baptist and Mary Magdalen, but may equally have referred to John the Evangelist and Mary the Blessed Virgin, and no other dedications to either St. John the Baptist or St. Mary Magdalen are known in Cumbria. As in many other areas, the establishment of new hospitals ceased in Cumbria around the end of the 13th century. With the possible exception of the leper hospital of St. Leonard at Wigton, there were no further hospitals built in the county until the early 16th century, about a hundred years after hospital foundations had resumed in most other regions. With regards to the exclusivity of hospitals, it is unlikely that any of those that provided for poor travellers excluded men or women, and the only evidence for the sex of the inmates at leper hospitals comes from St. Nicholas' Hospital at Carlisle, where both male and female lepers were admitted. At least three of the four almshouses, however, were specifically for men.

Lancashire (including Greater Manchester, Merseyside and Warrington)

There were only thirteen hospitals in Lancashire, but as in Cumbria a high proportion of them were for lepers (38.5%). All five of these leper hospitals were founded by the early 13th century, as were the two hospitals for travellers and at least one of the four almshouses. Another of the almshouses was in existence by the mid-14th century, and the other two almshouses were built in the late 15th century. The 14th century almshouse was Hornby Priory, which was described as a hospital by 1367 and may have been originally founded as such in the 12th century (Knowles & Hadcock, 1994, 189). Similarly the Premonstratensian Priory of St. Mary and St. Werburgh in Warburton seems to have originated as a hospital in the 12th century, although what type(s) of inmates were accommodated there is not known (*ibid.*, 400). Warburton Priory was established by canons from Cockersand Abbey, which had developed from a hospital in 1190 (Higham, 2004, 210). Unlike the many leper hospitals dedicated to St. Leonard in Cumbria, the only hospital dedicated to this saint in Lancashire was the 12th century leper hospital in Lancaster. Another 12th century leper house at Preston was dedicated to St. Mary Magdalen, and those at Clitheroe and Bebington were dedicated to St. Nicholas and

St. Thomas respectively. There were two hospitals dedicated to St. Mary the Blessed Virgin, one in the 12th century and another in the 15th century. None of the hospitals, however, were dedicated to St. John the Baptist.

The landscape of Lancashire consists of highlands to the north and east and lowlands to the west and south, widely interspersed throughout by marshlands. In the medieval period there were only a few tracts of land suitable for arable farming in parts of Merseyside to the south, Lonsdale to the north, and a narrow part of central Lancashire, and consequently the population was generally dispersed into small communities (Higham, 2004, 5 & 126). As in Cumbria, this type of landscape seems to have favoured leper hospitals over any other type of hospital, probably due to the desire to isolate such institutions from the general populace. Consequently the proportion of such foundations in Lancashire was high. Travellers and the poor were also supported in almshouses and hospices, but no consideration was given to the sick or infirm by those founding hospitals in this county, and this too is mirrored in the neighbouring county. The popularity of St. Leonard evident in Cumbria, however, was not matched in Lancashire, where the most popular dedication for hospitals was to St. Mary the Blessed Virgin. Other similarities with Cumbria include a particularly long hiatus of foundations between the 13th century and the late 15th century, and the foundation of almshouses for men only.

Isle of Man

There were no known medieval hospitals on the Isle of Man.

ii) North-East England

There was a total of 195 medieval hospitals in this region, more than in any other region of England, Scotland or Wales. The proportion of leper hospitals (21.5%) was lower than in any other English region, but the proportion of almshouses (35.9%) was one of the highest, due to the more urban nature of the area and the number of large towns in the region, such as York, Durham, Beverley, Kingston Upon Hull and Newcastle. Most of the leper hospitals were founded by the mid-14th century, with the three later foundations built around the end of that century at York and Beverley. Three

of the five leper hospitals in York were founded in the 14th century, and one of the two earlier foundations was refounded in the same century. Of the thirty-nine leper hospitals established by 1350, dedications are known for twenty-nine of them. By far the most popular saint was Mary Magdalen with at least ten leper hospitals being dedicated to her, whereas another four were dedicated to St. Leonard. Other dedications of leper hospitals varied widely, including two dedications each for St. Giles, St. Thomas and St. Michael. At least fifty-two of the sixty-seven hospital foundations from the late 14th century to the early 16th century were almshouses, with five hospitals for poor sick and travellers, three leper hospitals, and seven of unknown function. Only eighteen of those almshouses are known to have been dedicated to specific saints, the most popular being St. Mary the Blessed Virgin who was associated with five of them. In contrast, at least nine of the eleven almshouses in existence by the early 14th century were dedicated to one or more saints, although again St. Mary the Blessed Virgin was the most common dedication with at least four almshouses dedicated to her.

In total, there were at least seventeen hospitals dedicated to St. Mary the Blessed Virgin in north-east England, although the earliest of these was not founded until the second half of the 12th century. Equally popular was St. Mary Magdalen with eighteen hospitals dedicated to her, although only about half of these were leper hospitals, unlike most other regions where a much higher proportion of hospitals dedicated to this saint were for lepers. This is also evident in hospitals dedicated to St. Leonard, with only four of the ten being leper hospitals. Of the five hospitals in Britain dedicated to St. Cuthbert, not surprisingly four of them were located in north-east England, the region where his body was entombed. These were founded from the 13th century to the 16th century. The only other hospital dedicated to this saint was at Ballencrief in East Lothian. Another saint particularly popular in north-east England was St. Michael. With six hospital dedications, there were more in this region than in the rest of the nation put together. The first two foundations made in the 12th century and early 13th century were leper hospitals, whilst those of the late 13th century and the 14th century were for the poor and sick. Other popular saints included Nicholas (nine hospitals), James (six hospitals) and Giles (five hospitals). The majority of hospitals dedicated to St. Nicholas cared for the poor and all were erected by the mid-14th century. Those dedicated to St. James and St. Giles provided

for the poor, sick and travellers, with two of those dedicated to the latter also admitting lepers. Most were founded by the end of the 13th century, with the exception of two late almshouses dedicated to St. James. Of the seventy-three hospitals where the gender of the inmates is known, only nine were specifically for women, all of which were almshouses, twenty were for men, and the remaining forty-four were for either.

County Durham (including Hartlepool, Darlington, Stockton & Redcar and Cleveland)

There were twenty-two hospitals founded in this area in the medieval period, including five leper hospitals and two hospitals for the poor, all built in the 12th century. Three of the seven almshouses were established in the 13th century, and five of the six hospitals for travellers were built by the early 14th century. There were also another two hospitals in existence by the early 14th century, although their functions are not known. Four more hospitals were founded in the 15th or early 16th century, including two almshouses and a hospice in the town of Durham. The only late foundation built outside that town was the almshouse attached to the collegiate church at Staindrop in 1408. From 1317 until the construction of the almshouse at Staindrop, there were no new hospitals constructed in the county. Relatively few of the dedications are known, but St. Mary the Blessed Virgin and St. Mary Magdalen were each dedicated at three hospitals. Two of those dedicated to the former were almshouses and there were two leper hospitals bearing the name of the latter. Two almshouses were dedicated to St. Cuthbert, and there were two leper hospitals dedicated to St. Leonard. There were two almshouses exclusively for women, two for men, and another two for both; however the evidence for leper hospitals and hospitals for the poor indicates that they generally admitted men and women. Those founded for travellers and pilgrims are also likely to have catered for both sexes.

The high proportion of hospitals for travellers (22.8%) testifies to the popularity of Durham Cathedral, and in particular the shrine of St. Cuthbert, as a pilgrimage site. According to Reginald of Durham, a monk writing in the late 12th century, the saint was one of the three most popular saints throughout England and pilgrims flocked to his shrine (Roberts, 2003, 20-1; Farmer, 2004, 128). The hospital dedications to St. Cuthbert are therefore to be expected in this area, and the dedications to the four saints most commonly associated with medieval hospitals are consistent with many other areas. The

evidence suggests that St. Mary the Blessed Virgin was a slightly more popular choice for almshouses than St. John the Baptist, whereas St. Mary Magdalen enjoyed a similarly marginal preference over St. Leonard with regard to leper hospitals. The most unusual aspect regarding medieval hospitals in this county is that none of them were established to care for the sick or infirm. Perhaps there was a fear that such hospitals in the vicinity of a miraculous healer like St. Cuthbert would have cast doubt over his powers and thus threatened the popularity of his shrine. Pilgrims visiting the tomb containing his incorruptible body might have had second thoughts about the saint's ability to cure them of any ailments or infirmities if they passed hospitals full of the sick on their way to the cathedral.

East Riding of Yorkshire (including Kingston Upon Hull)

There were thirty-nine medieval hospitals in East Yorkshire, but the majority of these were located in Beverley or in Kingston Upon Hull. There were fifteen located elsewhere in the county and, apart from the late 14th century almshouse of the Holy Cross at Hedon, they were all founded by the early 14th century. The function of six of the hospitals is not known, and neither the foundation dates nor the dedications provide any clue about the type of inmates supported in them. At Hedon there were two leper hospitals and a hospital for travellers, and there was another hospice at Fangfoss, all of which were established in the late 12th or 13th century. One of the leper houses at Hedon was dedicated to St. Mary Magdalen and the hospital for travellers was dedicated to St. Leonard. In addition to the almshouse of the Holy Cross, there were another four almshouses, also founded in the late 12th or early 13th century. Two of these were dedicated to St. Mary the Blessed Virgin, and another to St. Mary Magdalen. All twelve hospitals at Kingston Upon Hull were almshouses, as were eight of the twelve hospitals at Beverley, and all were built between the late 14th and early 16th century. These two towns, standing only eight miles apart, had enjoyed a certain degree of self-government since the late 13th century and both were thriving towns in the 14th and 15th centuries. In 1440, for example, King Henry VI granted Kingston Upon Hull county status, giving it independence from the county of York (Boyle, 1905, 36). Beverley prospered from its trade in cloth and wool, and from the presence of St. John's College and its minster

church (VCH York East Riding, 1905, 1), so it is not surprising that the number of almshouses founded in these two important towns was almost on a par with that of York. There were also two leper hospitals at Beverley that were founded in the late 14th or early 15th century. The only earlier hospitals at Beverley were two hospitals for the poor sick or clergy founded in the 12th or 13th century. Between 1307 and 1380 the only new hospital in East Yorkshire was the Maison Dieu built in Kingston Upon Hull in 1365.

Most of the almshouses at Kingston Upon Hull were named after their founder, whereas at least half of those in Beverley were dedicated to various saints. Mary Magdalen and Leonard were not amongst the almshouse dedications in these towns, possibly because they were generally associated with leper hospitals. One of the leper houses at Hedon did bear the name of the former, but her name was also given to an almshouse at Bishop Burton, and a hospital for travellers at Hedon was unusually dedicated to St. Leonard. There are a variety of other saints to whom the hospitals in this county were dedicated, including John the Baptist, John the Evangelist, Giles, Nicholas and James, but the most popular saint was St. Mary the Blessed Virgin, to whom three almshouse were dedicated. The high proportion of almshouses in this county (64.1%) is due to the many foundations in the towns of Beverley and Kingston Upon Hull, which gives a somewhat distorted picture for the county as a whole, but does emphasize the late medieval enthusiasm for founding almshouses within towns. Outside these towns the proportion of almshouses (33.3%) is closer to the national average of around 30%. As in County Durham, there were two almshouses founded for women and two for men, but another eight founded for both. The hospitals for the poor sick, travellers and lepers generally admitted both men and women, although one of the two leper hospitals at Hedon was founded specifically for men. By the late 15th century, however, this hospital was admitting women as well as men.

North Yorkshire (including the City of York)

There were a total of seventy-one hospitals in North Yorkshire, including twenty-seven in the City of York. All fourteen almshouses in York were founded after 1350, as were most of the dozen foundations elsewhere in the county. There were two earlier foundations, the first in Scarborough in the late 12th century and the other at Sherburn in

the mid-13th century. Most of the fourteen leper hospitals were founded in the 12th or 13th century, with three possible 14th century foundations in York. Apart from almshouses, all hospitals outside York were founded by the mid-14th century, with most founded in the 12th or 13th century. In contrast to this, most of the hospitals in York were founded in the 14th or 15th century, with only four hospitals built before the end of the 13th century. In addition to the almshouses and leper hospitals, there were a further nineteen hospitals that cared for the poor, the sick, or travellers and pilgrims, with the numbers of each evenly split between the three types, and at least six of the leper hospitals also admitted some or all of these types of inmates. There were also two hospitals that supported poor and aged clergy, and ten more of an unknown function. Five of the hospitals for the poor, sick or travellers were dedicated to St. Nicholas, as was one of the leper hospitals in York. There were three hospitals dedicated to St. John the Baptist, and seven hospitals dedicated to St. Mary the Blessed Virgin, including two 15th century almshouses. Six hospitals were dedicated to St. Mary Magdalen, including two leper hospitals and two 15th century hospitals, and two foundations dedicated to St. Leonard.

As in other large towns there was a high proportion of almshouses in York (51.9%), but other than this the numbers of other types of hospitals in the county was not unusual. The trend for founding non-almshouses before the mid-14th century and almshouses after that is apparent throughout the county, but there is little evidence of a decline in new foundations throughout the 14th century, particularly in York where there were as many as six hospitals established between 1330 and 1370. Outside the town the evidence is a little stronger, with the only one definite foundation between 1320 and 1380 being that of St. Michael's Hospital in Well founded in 1342. The only other hospital that may have been built during this period was St. Nicholas' in Ripon, which was in existence by 1350. The saints most commonly associated with hospitals in Britain were all venerated in North Yorkshire, with Mary the Blessed Virgin proving the most popular. None of the hospitals dedicated to St. Mary the Blessed Virgin or to St. John the Baptist were leper hospitals, as is to be expected, but those dedicated to St. Mary Magdalen or St. Leonard were not all for lepers. Those dedicated to St. Mary Magdalen were particularly varied, with at least three being almshouses or hospitals for the poor and only two for lepers. As in County Durham, there were more dedications to St. Mary the Blessed Virgin

and St. Mary Magdalen than to St. John the Baptist and St. Leonard. St. Nicholas was equally as popular with six hospitals dedicated to him, including one leper hospital. It seems that although these saints were all popular, there was little distinction between the types of hospitals with which they were associated. Unlike the neighbouring counties of East Yorkshire and County Durham, there were significantly more hospitals built specifically for men than for women in North Yorkshire. By the early 14th century there were at least six hospitals that excluded women, but none known to exclude men, and of the later almshouses only one was founded for women compared to five for men. At least seventeen admitted members of either sex, and a further six that catered for travellers are also likely to have accepted both.

Northumberland

None of the thirty-three hospitals in Northumberland were founded after the 14th century, and most were established between 1170 and 1320. There were two early 12th century foundations, one at Hexham and the other at Morpeth, and two possible late 14th century hospitals at Newbiggin-by-the-Sea and Catchburn. Thirteen hospitals were for lepers, and there were eight each for travellers and the poor or sick. The function of three more is not known, and the only almshouse in the county was a 13th century foundation at Kirknewton. The leper hospitals were all operating by the early 14th century and the only saint with more than one dedication was Mary Magdalen. The dedications of hospitals for the poor, sick or travellers were equally varied, although St. Mary Magdalen and St. Leonard were popularly associated with all types of hospital. There were only two dedications to St. John the Baptist and a single dedication to St. Mary the Blessed Virgin, and a further two dedications to St. James. As in other north-eastern counties, none of the hospitals dedicated to St. John the Baptist or St. Mary the Blessed Virgin were leper houses, and St. Mary Magdalen and St. Leonard were not exclusively associated with lepers. St. Mary Magdalen was slightly more popular than St. Leonard, but there were more dedications to St. John the Baptist than to St. Mary the Blessed Virgin, although the differences in both cases were marginal. Despite his popularity in other parts of this region, there were no hospitals dedicated to St. Nicholas in Northumberland.

Quite a high proportion of hospitals were for lepers (39.4%), and this is evident in other border or peripheral counties, such as Cumbria and Cornwall. With the Cheviot Hills covering much of the western half of the county, most of the hospitals were located on the eastern side, with a few in the south. The only hospital in the western half of the county was the hospice for travellers at Otterburn. The decline in hospital foundations is evident in the county from about 1320, but the revival seen in most areas in the late 14th or 15th century, particularly with the foundation of almshouses, is not apparent here. Almshouses were popularly founded in large towns, of which there were few in Northumberland, and this may explain the lack of almshouses in this county. The largest town was Berwick, but this town was constantly changing hands between the Scots and the English up until the 16th century. This turmoil does not seem to have halted the foundation of hospitals in the 13th century, when seven hospitals were established in Berwick, but the frequent losses and damages incurred as a result of the border conflicts led to most of those being closed by the end of the 15th century. Unlike early hospitals, which were normally financed by the Church or the Crown, later almshouses were more commonly funded by wealthy individuals. In view of the instability of Berwick, however, it is perhaps unsurprising that individual benefactors chose not to provide funds for the foundation of almshouses there.

The only almshouse in the county was a 13th century foundation at Kirknewton. This was established for men only, and there were also two leper hospitals exclusively for men. At least two of the hospitals for the poor sick admitted men and women and those for travellers would no doubt have done the same, but there were no hospitals specifically for women. Although the evidence is very scant for Northumberland, it is possible that most hospitals for the poor sick and travellers were for both men and women.

Tyne & Wear

This small county had twenty-one hospitals in total, including fourteen located in Newcastle. Nine of the Newcastle foundations were almshouses, at least seven of which were established in the 15th or early 16th century. The foundation dates of the other two almshouses are unknown, but it is likely that they too were late foundations. None of the hospitals built outside Newcastle were almshouses, and all were established in the 13th or

early 14th century. They included a single leper hospital, three hospitals for the poor and two hospices for travellers. Very little is known of the hospital recorded at Werhale in the 13th and 14th centuries. In addition to the almshouses, there was a leper hospital dedicated to St. Mary Magdalen at Newcastle, and a hospital for the poor sick, two hospitals for travellers, and another for poor clergy, dedicated to St. Mary the Blessed Virgin. St. Michael's Hospital for the poor sick was founded in the mid-14th century and St. Cuthbert's Hospital for travellers was a 15th century foundation, but the other three were all built in the 12th century. Half of all the hospitals in the county were established by 1315 and half were founded after 1400, with the only foundation between these dates being St. Michael's in Newcastle, erected by the Trinitarians in 1360. Most of the late hospitals were almshouses named after their founder or their location, but two of the earlier hospitals were dedicated to St. Cuthbert. There was a single hospital dedicated to St. Leonard, founded for the poor at Tynemouth c.1220, but there were no known dedications to St. John the Baptist.

A high proportion of the hospitals were almshouses (42.9%), and all were in Newcastle, a pattern seen in many other large towns in the country. There was also a fairly high proportion of hospitals for pilgrims and poor travellers (23.8%), probably due to the close proximity of Durham, although the relics of the saintly martyr Oswin were rediscovered at Tynemouth in the 11th century (Farmer, 2004, 405). The two hospital dedications to St. Cuthbert, one at Newcastle and the other at Gateshead, typify the popularity of the saint in this area. Other dedications are varied, although this is not unexpected in an area where the majority of hospitals were located in or around the same town. The foundation of a hospital in the town during the mid-14th century is also not unusual, but the evidence suggests that there was a disruption to hospital founding between the early 14th century and the beginning of the 15th century. An unusual aspect of hospitals in the county, and in Newcastle particularly, is the number of almshouses that were exclusively for women. St. Leonard's Hospital at Tynemouth, partly run by the nuns of St. Bartholomew's Priory in Newcastle, began admitting poor women by the end of the 13th century (Knowles & Hadcock, 1994, 399), and at least four of the almshouses in Newcastle were for women only, with another three taking in male and female inmates. Nykson's Almshouse for poor women was founded by Elizabeth Nykson (Knowles &

Hadcock, 1994, 379), possibly the widow of John Nykson, a former mayor of the town. It may be that similar institutions in the town were likewise established by wealthy women, although in most cases the identity of the founder is unknown. The only known hospital to be founded for men was Holy Trinity Hospital at Gateshead.

West Yorkshire

There were only nine hospitals in West Yorkshire, all located on the eastern side of the county. Six were in Pontefract, including at least two almshouses founded in the 14th century and two leper hospitals erected in the 13th century. There was also a hospital for the poor built in Pontefract in the 11th century, the only known hospital of this type in the county. Outside this town there were a further two leper hospitals, founded in the 12th and 14th centuries, and a hospital of uncertain function established in the 15th century, although the late foundation date suggests that it may have been an almshouse. There were possibly four hospitals founded throughout the 14th century, suggesting that there was no halt to foundations in this county, but three of those foundations were in the town of Pontefract. There were single dedications to St. Mary Magdalen, St. John, and St. Nicholas in Pontefract, all associated with foundations made by the mid-14th century, but there were no known dedications to St. Leonard. St. Mary Magdalen's was a leper hospital, whereas the others were all non-leper hospitals. The most popular saint would seem to have been St. Mary the Blessed Virgin, to whom two almshouses were dedicated in the 14th century. The leper hospital at Wentbridge was dedicated to St. Mary, but which saint this refers to is uncertain. However, as no other leper hospitals in north-east England were dedicated to St. Mary the Blessed Virgin, it seems likely that the dedication at Wentbridge was to St. Mary Magdalen. This would make the two Marys marginally more popular than St. John the Baptist and St. Leonard, a situation evident in other north-eastern counties. The evidence for the sex of the inmates admitted into hospitals in West Yorkshire is limited, but at least two of the three almshouses were for both men and women, suggesting that the exclusivity seen in other counties may not have applied here.

iii) West Midlands

There were at least sixty-one hospitals in the West Midlands region established by the early 14th century, and twenty more added between the late 14th century and the early 16th century. There were also another five for which the foundation date is unknown, although two of those were leper hospitals that are likely to have been earlier rather than later foundations. There were only six almshouses built before the 14th century, but most of the hospitals founded from the late 14th century were almshouses, the only known exception being the relatively early hospital of St. Leonard in Stafford built by 1372 to care for the poor. In addition to the six almshouses in existence by the early 14th century, there were at least twenty-one leper hospitals and twenty-nine hospitals for the poor, sick or wayfarers. The leper hospitals may all have been established by 1260, although the foundation dates of two of the hospitals are not known, and the first mention of St. Laurence's Hospital in Nantwich was in 1354. It is possible that the latter was founded much earlier than the date it was first recorded (Knowles & Hadcock, 1994, 377) and that the other two were also built by 1260, bearing in mind that the other eighteen were all in existence by that time. All but one of the hospitals known to have cared for the poor or the sick were built by 1300, the exception being St. Leonard's in Stafford mentioned above, with most being founded between 1135 and 1250.

The most common saint associated with hospitals for the poor and sick was St. John the Baptist, with eleven such hospitals being dedicated to him in the 12th and 13th century. In addition to these, there was a leper hospital at Oswestry also dedicated to him, and a 14th century hospital at Richard's Castle, on the border between Herefordshire and Shropshire, was dedicated to SS John the Baptist and Mary Magdalen. This leper hospital was granted to the Knights Hospitallers of Halston shortly after its foundation in the first decade of the 13th century, which probably accounts for the unusual dedication. There were eight dedications to St. Mary the Blessed Virgin, including two hospitals for the poor sick and travellers dedicated to the Holy Trinity and SS Mary the Blessed Virgin and John the Baptist, and at least five of the other six were almshouses. Compared to many other regions, there were few hospitals dedicated to St. Mary Magdalen and only one of these was a leper hospital. This was the 12th century foundation in Coventry, although in the 13th century it was being referred to as the hospital of St. Leonard (Clay,

1909, 326; Knowles & Hadcock, 1994, 354). Apart from the joint dedication with St. John the Baptist at Richard's Castle, the only other hospitals dedicated to her were two early 15th century almshouses at Shrewsbury and Battlefield in Shropshire. The most popular saint associated with leper hospitals was Giles, with at least a third of all leper hospitals dedicated to him. There were three hospitals dedicated to St. Thomas the Martyr in the 12th and 13 centuries and another three to St. Leonard in the 13th and 14th centuries, though the types of hospital with which they were associated varied. There were numerous other dedications, but no other saint was associated with more than two hospitals. Of the thirty-three hospitals where the gender of the inmates is known, sixteen were for men and seventeen were for both or either, but there were none founded specifically for women.

Cheshire

Cheshire had only nine medieval hospitals, most founded by the mid-14th century. The only later foundation was the almshouse of St. Ursula in Chester built in 1508. There were three hospitals for the poor sick or travellers by the early 13th century and three leper hospitals founded in the 13th or 14th century, with a further two hospitals of unknown function. The leper hospital at Chester was dedicated to St. Giles and the other at Nantwich was dedicated to St. Laurence. The non-leper hospital dedications included St. Nicholas, St. Andrew, St. George and St. Ursula, but there is no evidence of any particular favourite dedication. There was a late 12th century hospital for the poor sick at Chester dedicated to St. John the Baptist, but there were no other dedications to this saint, and there were no dedications at all to St. Mary the Blessed Virgin, St. Mary Magdalen, or St. Leonard. The evidence for the sex of the inmates at most hospitals is unknown, but St. John's in Chester was founded for men as was one of the two late almshouses. The other late almshouse did not specifically exclude women, but preference was given to aldermen of the town, who were known as the Twenty-Four (Lowe *et al*, 2002). The usual spate of late almshouse foundations associated with a large town did not occur at Chester, possibly due to its decline from the fourth largest town at the time of the Domesday Book to forty-second by the late 14th century (Higham, 2004, 176). The leper hospital at Nantwich was possibly founded in the mid-14th century, but there was then a

gap of about a hundred years before the first of only two late almshouse was built in the mid-15th century.

Herefordshire

Nine of the sixteen hospitals in Herefordshire were located at Hereford, including all four leper hospitals of the county. The latter were founded in the late 12th or early 13th century, and the hospitals for the poor sick or travellers established throughout the county were all 13th century foundations. There were five almshouses, including two at Hereford and two at Leominster, all of which were probably founded in the late 14th or 15th century. Thus, all of the foundations before the Black Death were for lepers, the sick or travellers, and all of those built from the late 14th century onwards were almshouses, with no new hospitals established between about 1345 and 1380. A few late almshouses were founded in the towns of Hereford and Leominster, but the numbers were small compared to the number of almshouses founded in towns in some other regions. As in Cheshire, hospital dedications varied, although in Herefordshire there were some saints that appear to have been slightly more popular than others. There were two hospitals for the poor sick dedicated to St. John the Baptist, and another of unknown function dedicated to SS John the Baptist and Mary Magdalen. Two of the leper hospitals were dedicated to St. Giles. There were also two dedications to St. Mary the Blessed Virgin and another two to St. Catherine, but none to St. Leonard. The evidence for the sex of the inmates in the hospitals of Herefordshire is very limited.

Shropshire (including Telford & Wrekin)

There were twenty-three medieval hospitals in Shropshire founded from the 12th to the 15th century. At least six were for lepers, three were for the poor, two were for the poor sick and travellers, and six were almshouses. The type of inmates admitted to the other six hospitals though is not known. All of the known almshouses were erected in the 15th century, and those for lepers, the poor, or the sick and travellers were established by the end of the 13th century. Four of those for which the function is uncertain were founded in the 13th century, suggesting that they probably were not almshouses, and a fifth, founded by the early 14th century and dedicated to St. Giles, may have been a leper

house. Three of the known leper hospitals in this county were dedicated to St. Giles, and four of the other five hospitals dedicated to this saint throughout the West Midlands were also for lepers. None of the leper hospitals were dedicated to St. Mary Magdalen, but two of the almshouses were. Both hospitals for the poor sick and travellers were dedicated to the Holy Trinity and SS Mary the Blessed Virgin and John the Baptist, and there were at least another two hospitals, possibly three, dedicated to St. John the Baptist, including the leper hospital at Oswestry. The latter, however, was granted to the Knights Hospitallers of Halston about a decade after its foundation (Cule, 1977), and it may be that the dedication to St. John was only applicable from that time. A hospital built beside the church of St. Leonard in Bridgnorth by 1278 may have been dedicated to the same saint (Knowles & Hadcock, 1994, 346), but what type of hospital it was is uncertain. There were no other hospitals in the county that were dedicated to this saint.

St. John the Baptist was clearly the most popular saint associated with hospitals in Shropshire, particularly those for the poor sick and travellers, whilst St. Giles was the most popular dedication for leper houses. Rather unusually, St. Mary Magdalen appears to have been the most popular dedication for almshouses in the county. There were no hospitals founded between about 1340 and 1400, but the late tradition of founding almshouses is evident, including two in Shrewsbury. Two of the early non-leper hospitals were for men, as was one of the later almshouses, but there were no hospitals specifically for women. None of the leper houses are known to have favoured either male or female inmates, and at least two of the almshouses also admitted inmates of either gender.

Staffordshire (including Stoke-on-Trent)

There were twelve hospitals in Staffordshire, and apart from a 15th century almshouse in Lichfield and a 14th century hospital for the poor at Stafford, they were all founded before the end of the 13th century. Three of those founded by the end of the 13th century were for lepers, four were hospitals for the poor, and the other three were almshouses. There was a hiatus in the building of new hospitals between about 1275 and 1370, with only two foundations after that period. Three of the those established for the poor in the 12th and 13th century were dedicated to St. John the Baptist, and there were two hospitals dedicated to St. Leonard, the first built for lepers at Lichfield, and the other

for the poor at Stafford in the late 14th century. One of the leper hospitals at Stafford was dedicated to St. Giles, and the other was dedicated to the Holy Sepulchre, but the only hospital dedicated to St. Mary was the almshouse at Cannock, though whether this referred to the Blessed Virgin or Mary Magdalen is uncertain. The former would seem the obvious choice, but the almshouses dedicated to the latter in the neighbouring county of Shropshire render such an assumption questionable. At least four of the 13th century almshouses and hospitals for the poor were founded for men only, but none of the early hospitals were set up exclusively for the care of women. Evidence for the leper hospitals does not survive, but the new hospitals of the 14th and 15th century appear to have been founded initially for both male and female inmates. Two of the hospitals in Lichfield, however, were refounded around 1500 as almshouses, one for men and the other for women. This suggests that the preference for men only hospitals in the early centuries was later replaced by a general concern for both sexes.

Warwickshire

Warwickshire had only ten medieval hospitals, all founded in the 12th or 13th century. Three were for lepers, two were for the poor sick, four were for travellers, and the other was for both the poor sick and travellers, but there were no almshouses built in the county. The hospital for the poor sick and travellers was located at the town of Warwick, as were two of the leper houses and two of the hospices for travellers. Although there were no new hospitals built after the 13th century, three of the existing hospitals were rebuilt or refounded in the 15th and 16th centuries, including the hospital for the poor sick and travellers run by the Guild of the Holy Cross at Stratford-upon-Avon, to which an almshouse was added by 1426. There were no almshouses established in Warwick though. Dedications varied and included St. John the Baptist and St. Thomas the Martyr at two of the non-leper hospitals, and St. Edmund the King and Martyr, St. Laurence, and St. Michael the Archangel at the leper houses. There were no dedications, however, to St. Mary the Blessed Virgin, St. Mary Magdalen, or St. Leonard. Despite the popularity of St. Giles in other counties of the West Midlands, predominantly at leper hospitals, there were no dedications to this saint in Warwickshire. None of the saints were dedicated at more than one foundation, and evidently no saint enjoyed any particular

popularity with regard to hospitals. Despite the cessation of new foundations in the 13th century, some of the old hospitals were re-established in the later centuries, although this did not begin until the 1420s. As for the sex of the inmates, one of the leper hospitals and one of the hospitals for the poor sick were founded for men, but none are known to have been founded for women. Those that admitted travellers are unlikely to have been exclusive. Although the evidence is limited, it would seem that there was a slight preference for hospitals to cater for the needs of men rather than women.

West Midlands

There were only eight medieval hospitals in this small county, six in Coventry, one in Birmingham and the other in Wolverhampton. The hospitals at Birmingham and Wolverhampton were both almshouses, as were half the hospitals in Coventry. The other hospitals in Coventry were a leper house, a hospice for travellers, and a hospital for the poor sick and travellers, all founded by the mid-14th century. The almshouse at Birmingham was built in the 13th century, but those at Coventry and Wolverhampton were established between the late 14th century and the early 16th century. The earliest foundations at Coventry were the hospital of St. John the Baptist and the leper hospital of St. Mary Magdalen, both founded in the second half of the 12th century. The early almshouse at Birmingham was dedicated to St. Thomas the Martyr, but the later foundations at Coventry were all named after their founders or the guilds that ran them. The late 14th century almshouse at Wolverhampton, however, was dedicated to St. Mary the Blessed Virgin, and by the early 15th century the dedication of the almshouse at Birmingham appears to have been changed to include St. Mary as well as St. Thomas (Clay, 1909, 326). Similarly, the leper hospital of St. Mary Magdalen at Coventry was apparently referred to as the hospital of St. Leonard in the 13th century (Knowles & Hadcock, 1994, 354), but there is no evidence that this saint was otherwise commemorated by any other medieval hospital in the county. As in some other towns, the hiatus in hospital building in the 14th century is less evident in Coventry, although there were no foundations between about 1340 and 1370. There were no foundations in the town at all during the 13th century nor during the 15th century, however, so a gap of 30 years in the 14th century is even less convincing as evidence for decline in this town.

There were only two foundations in the rest of the county and so no conclusion can be safely arrived at regarding any possible decline outside the town either. Most of the hospitals in the county, including the three Coventry hospitals for lepers, the poor sick and travellers, admitted both men and women, but there were two almshouses established for men only. The first was the 13th century hospital at Birmingham, and the other was one of the 16th century hospitals in Coventry. As in most of the other counties in this region, there were no hospitals founded specifically for women.

Worcestershire

There were fewer hospitals in Worcestershire than in most other West Midlands counties. Out of the eight hospitals built in total, six were in existence by the end of the 13th century, and the other two were late 14th or early 15th century almshouses. No hospitals were built in the county between about 1285 and 1380. There were two earlier almshouses at Droitwich and Great Malvern, both dedicated to St. Mary the Blessed Virgin, whereas the later almshouses at Evesham and Worcester were named after their founder and the guild that ran the hospital respectively. There was at least one medieval leper hospital at Worcester in the 13th century, though legend has it that a chapel for leprous monks was established in the 10th century by Bishop Oswald and later became a hospital dedicated to the founder. A leper hospital at Worcester was first recorded by Gervase of Canterbury in about 1200, and there were later references to a leper hospital of St. Mary in 1257 and St. Oswald in 1268 (Clay, 1909, 70; Knowles & Hadcock, 1994, 406). There are no further references to a hospital of St. Mary in Worcester, suggesting that this was the same hospital as St. Oswald's (Clay, 1909, 330). There were two hospitals for the poor sick in Worcester, the first dedicated to St. Wulstan the founder, and the second dedicated to St. Giles. None of the eight hospitals were dedicated to St. John the Baptist or St. Leonard, and the only possible dedication to St. Mary Magdalen was the aforementioned leper hospital at Worcester. St. Mary the Blessed Virgin appears to have been the most popular saint, although the total number of hospitals in the county makes it difficult to state this with any great conviction. Similarly, the high proportion of almshouses (50%) is not particularly revealing bearing in mind the low numbers involved in this county. Three of the early hospitals were founded for men, but at least one of the

later almshouses was for both male and female inmates. As in the rest of the region, there were no hospitals founded for women in Worcestershire.

iv) East Midlands

In the East Midlands, there were 104 hospitals founded throughout the medieval period, including at least thirty-seven leper hospitals, all established by the early 14th century. At least ten of these leper hospitals were dedicated to St. Leonard, the majority of which were built in the 12th century. There were five leper hospitals dedicated to St. Mary Magdalen, all founded in the 13th century, and four dedicated to St. Margaret in the 13th century and early 14th century. There were also three leper hospitals dedicated to St. Lazarus, all run by the Order of Knights that carried his name. The Order of the Knights of St. Lazarus was particularly prevalent in the East Midlands, with seven of its eleven hospitals and preceptories located in this region, including its main preceptory at Burton Lazars (Marcombe, 2004, 102-3). Twenty-six of the hospitals in the region were founded to care for the poor, the sick or travellers and, as with the leper hospitals, they were all established by the early 14th century. Only two of those are known to have provided for pilgrims and poor travellers, possibly due to a smaller number of pilgrimage destinations in this region compared to other regions. Lincolnshire was home to the tombs of saints Guthlac, Hugh and Gilbert of Sempringham, but there were very few centres of pilgrimage in any of the other East Midland counties (Webb, 2000). Thirteen of the thirty-two almshouses were also founded by the early 14th century, as were six of those with an uncertain function. In total, eighty-two hospitals in the East Midlands were built by the early 14th century, with a further two being of unknown date. Of the twenty foundations made between the mid-14th century and the early 16th century, at least eighteen were almshouses, the function of the other two hospitals being uncertain. The only two known hospitals to provide for travellers were St. Edmund the King and Martyr, founded in 1165 at Spital-in-the-Street in Lincolnshire, and St. John the Baptist, founded in 1218 at Lutterworth in Leicestershire. The former was run by the Knights Templar of Willoughton, but following their suppression in 1312 the hospital declined and was refounded as an almshouse for the poor at the end of the 14th century (Bennett & Marcombe, 1998, 41-5). The hospice at Lutterworth appears to also have gone into

decline in the 14th century according to a Papal Letter of 1435-6, which stated that there had been no brethren in the hospital for fifty years (Clay, 1909, 225).

St. John the Baptist and St. Mary the Blessed Virgin were commonly associated with hospitals in the East Midlands, with eleven dedications to the former and six to the latter. Although most of the hospitals were almshouses or hospitals for the poor and sick, there were also four leper hospitals dedicated to St. John the Baptist, an unusually high proportion compared to most other regions. In addition to the fifteen leper hospitals dedicated to St. Leonard or to St. Mary Magdalen, there were six others dedicated to the former and another three bearing the name of the latter, all founded by the early 14th century. A saint whose popularity was more common in this region than any other was St. Edmund the King and Martyr, to whom four hospitals were dedicated between the mid-12th and mid-13th centuries. There was also a fifth dedication nearby at the leper hospital of Bretford, just across the border in Warwickshire. The only other known hospital dedication to this saint was in Gateshead, where he was jointly dedicated with St. Cuthbert. Another saint particularly popular in this region was St. Anne, mother of the Blessed Virgin, with two almshouses and a hospital for the poor dedicated to her. These were amongst the earliest dedications to this saint in the country, with all three being established before the end of the 14th century. Of the eight hospitals dedicated to St. Anne in other regions, six were built in the 15th or 16th century. Of the fifty hospitals where the gender of the inmates is known, only four were specifically for women compared to twenty-two for men, with the other twenty-four admitting males and females.

Derbyshire

All fifteen medieval hospitals in Derbyshire were in existence by the early 14th century, including three almshouses. There were seven leper hospitals in total, including three that were dedicated to St. Leonard, and another dedicated to St. Mary Magdalen. One of the two leper hospitals at Chesterfield and the leper hospital at Ashbourne were both dedicated to St. John the Baptist, as well as a third hospital at Derby, although the type of inmates cared for there is unknown. The hospitals dedicated to St. Leonard were all 12th century foundations, whilst those dedicated to St. John were founded in the 13th or early 14th century. There was a single hospital dedicated to St. Mary the Blessed Virgin,

built at Castleton in the 12th century for the care of the poor sick. This was the only hospital that provided for the poor sick, and there was a single hospital for the poor at Derby, which was dedicated to St. James. In addition to the hospital of St. John the Baptist at Derby, there were two more hospitals of unknown function founded around the early 14th century, including the Derby hospital of St. Catherine.

The proportion of leper hospitals in this county (46.7%) was particularly high, but in contrast there were no hospitals at all founded to support travellers or pilgrims. The Peak District covers most of the northern half of the county, and three of the leper hospitals were located along the southern edge of this area at Ashbourne and Chesterfield, with another not far away at Alkmonton. The desolate nature of parts of this county is reminiscent of other areas that had a high proportion of leper hospitals, such as Cumbria and Cornwall, and emphasizes the desire for locating those institutions in areas that were isolated from the main populace. St. Leonard and St. John the Baptist were clearly popular, although the latter was unusually associated with lepers rather than the poor sick with whom he was normally associated elsewhere. The foundation of hospitals ceased around 1335, but there is little evidence of a revival in the late 14th or 15th century. There were no new foundations in the later period, although the leper house at Alkmonton was refounded as an almshouse in the 15th century. At least four of the hospitals were for men, with the only hospital exclusively for women being the leper hospital at Alkmonton, although, as noted above, this was later refounded as an almshouse for poor men. On the other hand, the hospital of St. Leonard at Derby, which was originally built for leprous men in the 12th century, was admitting female lepers by the early 14th century. The evidence suggests there was a preference for male inmates in the medieval hospitals of Derbyshire.

Leicestershire

Leicestershire had sixteen hospitals, including four leper houses, three hospitals apiece for the poor and the sick, one hospital for poor and travellers, and three almshouses. There were another two for which the type of inmates admitted is uncertain, although the hospital of St. Leonard at Stockerston, founded by 1307, is most likely to have been a leper hospital based on its dedication. Two of the three almshouses in the

county were built in the 15th and 16th centuries, and there was a possible mid-14th century hospital at Melton Mowbray. The four leper hospitals were all established in the late 12th or early 13th century, whilst the majority of hospitals for the poor sick or travellers were 13th or early 14th century foundations. There were three almshouses or poor hospitals dedicated to St. John around the end of the 12th century, one each to John the Baptist and John the Evangelist, and the other dedicated to both. There were three dedications to St. Mary the Blessed Virgin, including one to the Annunciation, and two hospitals dedicated to St. Leonard, at least one of which was a leper hospital. The only dedication to St. Mary Magdalen was the leper hospital of SS Mary Magdalen and Margaret founded in the parish of St. Margaret in Leicester in the early 13th century (Knowles & Hadcock, 1994, 369).

As in Derbyshire, the four most popular saints in the country (see Appendix D) were all venerated. The only other saint with more than one dedication was St. John the Evangelist, to whom two hospitals were dedicated in the late 12th century. The only possible foundation between 1331 and 1465 was the hospital at Melton Mowbray first recorded in the mid-14th century. After the 14th century there were only two further foundations in Leicestershire, both of which were almshouses for both men and women. At least three of the earlier hospitals were for men only, with another five known to have admitted both sexes, but none were founded specifically for women.

Lincolnshire (including North & North-East Lincolnshire)

The large size of this county compared to others in the East Midlands is reflected in the number of hospitals founded there in the medieval period. There were forty-one in total, more than double the number of any other county in the region, most of which were founded by about 1330. All fourteen leper hospitals and the eleven hospitals for the poor sick or travellers were established by this date, as were five of the thirteen almshouses and two of the three hospitals of an uncertain type. The function of St. John's Hospital at Grimsby is unknown, but it may have been built in the late 14th century and this would suggest that it was an almshouse, as the other eight post-1350 foundations were all almshouses. The earliest was All Saints' Almshouse at Holbeach, which was built in 1351, whilst the other seven were founded in the 15th or 16th century. With the exception

of the Holbeach almshouse, there appear to have been no new hospitals created in Lincolnshire between 1330 and 1380.

At least five hospitals were dedicated to St. John the Baptist from the 12th to the 15th century, including the leper hospitals at Boothby Pagnell and Mere, and there were another five dedicated to St. Leonard, all founded in the 12th or 13th century. Only two of those dedicated to St. Leonard were for lepers, the other three being for the poor or non-leprous sick. Similarly one of the two hospitals dedicated to St. Mary Magdalen was for the poor sick, the only leper house being the hospital of SS Mary Magdalen and Leger at Grimsby. There was also a hospital dedicated to St. Leger at Stamford, which supported the infirm. There were at least two dedications each to St. Mary the Blessed Virgin and to St. Margaret, with both hospitals dedicated to the latter saint being founded for lepers in the early 14th century. St. John the Baptist and St. Leonard were the most popular dedications in the county, but the types of hospitals with which both were associated included leper and non-leper houses. This lack of association between saint and the type of hospital inmate was also apparent in other dedications, such as St. Mary the Blessed Virgin and St. Mary Magdalen. The only consistency is seen in the almshouses dedicated to All Saints and the leper houses dedicated to St. Margaret, although both had only two hospitals dedicated to them. The only type of inmates that appear to have been neglected in the hospitals of Lincolnshire were travellers, for whom only the Templar hospice of St. Edmund at Spital-in-the-Street was founded in the 12th century, although this was refounded as an almshouse for the poor in the late 14th century (Bennett & Marcombe, 1998, 41-5). At least a quarter of the hospitals admitted both male and female inmates, and at least six are known to have been founded for men only. There was only one hospital specifically for women, that being the hospital for leprous women built at Boothby Pagnell in the late 12th century.

Nottinghamshire

Nottinghamshire had nineteen medieval hospitals, two-thirds of which were founded by the early 14th century. The six later hospitals were all almshouses founded from the late 14th century onwards, with no known foundations between 1330 and 1390. There were two hospitals for the poor and another two for the sick in existence by the

beginning of the 13th century, and seven leper hospitals, the latest of which was St. Mary's at Nottingham established by 1330. In addition to the six later almshouses, there were two almshouses for the poor founded in the 12th century. Three of the 12th century hospitals were dedicated to St. Leonard, including two leper hospitals. The other was the hospital of SS Leonard and Anne at Newark-on-Trent, which supported the poor. Similarly, two of the three hospitals dedicated to St. Mary Magdalen were also for lepers, the other being the 12th century almshouse at Martin. The only hospital dedicated to St. John the Baptist was erected around the beginning of the 13th century, and the only hospital associated with St. Mary the Blessed Virgin was the 14th century almshouse of the Annunciation, both located at Nottingham. At Newark-on-Trent there were three 12th century foundations, including the leper hospital of St. Leonard and a hospital for the sick set up by the Templars for non-members. There were also four medieval almshouses at Newark-on-Trent founded in the 15th or 16th century.

The proportion of almshouses in Nottinghamshire (42.1%) was high, mainly due to the high number of foundations in the important market town of Newark, which was located on an old Roman road and known as 'the Key of the North' in Anglo-Saxon times (Hinde, 1985, 211). The tradition for founding late almshouses, however, is not evident in the town of Nottingham. The needs of the poor traveller appear to have been disregarded in this county, along with all the other counties in the region. The four main hospital dedications (see Appendix D) could be found here, although St. Leonard and St. Mary Magdalen seem to have been the most popular of these. These were not exclusively associated with leper houses though, perhaps an indication of the lack of strict association between a saint and a particular type of hospital inmate that was also apparent in Lincolnshire. Men were favoured over women within the early Nottinghamshire hospitals, with four founded specifically for men and none for women. The evidence for the 15th and 16th centuries is limited though.

Rutland

The only medieval hospitals in this small county were two leper hospitals and two almshouses built in the late 13th century or early 14th century, and a third almshouse founded at the end of the 14th century. There were no known foundations in Rutland

between 1301 and 1398, and at least three of the hospitals were specifically for men. The leper hospitals were dedicated to St. Giles and to St. Margaret, and the 13th century almshouse at Seaton was dedicated to St. Mary Magdalen. The early and late 14th century almshouses were both jointly dedicated to St. Anne, the first at Toilethorpe being dedicated to SS Mary the Blessed Virgin and Anne, and the second at Oakham being dedicated to SS John the Baptist and Anne. There were no hospital dedications to St. Leonard in Rutland. Although there were few hospitals in the county, the evidence does seem to be in keeping with other counties in the region. The 14th century hiatus of new foundations, the absence of hospitals specifically for women or for travellers, and the unusual association of St. Mary Magdalen with an almshouse, are all evident in other counties in the East Midlands.

South Yorkshire

There were only eight hospitals in medieval South Yorkshire, including two almshouses, three leper hospitals and two hospitals for the poor. There was a possible hospital at Doncaster dedicated to St. Leonard, but little is known about this foundation. The name suggests a leper hospital, but there were various other types of hospitals that were also dedicated to this saint in the East Midlands, so the evidence remains inconclusive. The majority of hospitals were founded between the late 12th century and the early 14th century, the only known exception being the late 14th century almshouse at Tickhill. There were, however, no known foundations between about 1325 and 1390. In addition to the hospital at Doncaster, there were two leper hospitals dedicated to St. Leonard, both established by the early 13th century. The third leper hospital was the early 13th century hospital of St. James at Doncaster. Other dedications were St. Nicholas and St. Edmund the King and Martyr, but there were no dedications to St. John the Baptist, St. Mary the Blessed Virgin, or St. Mary Magdalen in this county. Thus the most popular hospital dedication in South Yorkshire was St. Leonard. As in other East Midlands counties, there were no hospitals founded for poor travellers or pilgrims, and the proportion of leper hospitals (37.5%) was above average. There was a single almshouse founded for women at Sprotbrough, and a hospital at Tickhill that supported poor men,

although the leper hospital of St. Leonard at Tickhill was later refounded as an almshouse for poor men.

v) Central England

At least ninety-two of the 123 hospitals in Central England were founded by the middle of the 14th century, including forty leper hospitals and ten almshouses. All but one of the thirty-one hospitals for the poor, sick or travellers were established by 1340, the only possible exception being the hospital of St. Thomas at Marlow in Buckinghamshire. This hospital for the poor was first recorded in 1384, but at that time it was in great poverty (Knowles & Hadcock, 1994, 361) and may have been built much earlier. A further twelve hospitals of uncertain function were also in existence before the Black Death, and there was another for which the foundation date is not known. The remaining thirty hospitals were founded between the late 14th century and early 16th century, and at least twenty-six of those were almshouses. Two other possible late foundations were the leper hospital at Hoddesdon in Hertfordshire and the hospital for the poor at Marlow in Buckinghamshire, both of which were founded by the late 14th century. The function of the only other two possible late hospitals at Hitchin and Windsor is unknown, although the latter was built by 1361 and was dedicated to St. Margaret, suggesting that it may have been a leper hospital. The only hospitals founded in Central England after 1400 were almshouses, although there were few towns in the region that could boast having more than one such establishment. The tradition of building several almshouses in a town was less prominent in this region than in some others, probably because there were not many big towns here other than the county towns.

One third of all hospitals in the region were for lepers, and all but one of those were created by 1300. The only possible later leper foundation was the aforementioned hospital of St. Clement at Hoddesdon in Hertfordshire first recorded in 1390 (Knowles & Hadcock, 1994, 364). The most common dedications for leper houses were St. Leonard and St. Mary Magdalen, with ten dedications to the former and eight to the latter. All of those dedicated to St. Mary Magdalen were established by the early 13th century. There were also four leper hospitals dedicated to St. John the Baptist, although the majority of hospitals dedicated to this saint were non-leper hospitals. At least two leper hospitals

were dedicated to St. Margaret in the early 13th century, with another two hospitals of unknown function dedicated to her in the 14th century. From the late 12th century to the mid-13th century there were two hospital dedications each to St. Laurence and St. Nicholas.

Although St. Leonard was the most common dedication for leper hospitals, the saint most popularly associated with other hospitals was John the Baptist. In addition to four leper hospitals dedicated to this saint, there were at least twenty-one almshouses and hospitals for the poor, sick or travellers commemorating him. With the exception of two 15th century almshouses, all of the hospitals dedicated to him were founded by the end of the 13th century. The only non-leper hospital dedicated to St. Leonard was a late 13th century hospital for travellers located at Clanfield in Oxfordshire, which was also the last foundation in the region to be dedicated to this saint. There were also three almshouses dedicated to St. Mary Magdalen, two of which were founded much later than the leper hospitals dedicated to her. The only almshouse that was contemporary with the leper hospitals was the hospital of St. Mary the Blessed Virgin and St. Mary Magdalen at Woodstock in Oxfordshire which was rebuilt on the orders of King Henry III in 1220 (Markham, 1997). Other popular saints included St. Mary the Blessed Virgin and St. John the Evangelist, both of whom had six hospitals dedicated to them. All were almshouses or hospitals for the poor and sick, with those dedicated to St. John built between the mid-12th century and the early 13th century, and those dedicated to the Blessed Virgin built between the early 13th century and early 15th century. Of those established between the mid-12th century and early 13th century, three were jointly dedicated to St. James, with a fourth hospital also dedicated to him solely. Another four hospitals were dedicated to St. Giles, all founded by the early 14th century.

There were sixty-two hospitals where the gender of the inmates is known, with only six exclusively for women compared to thirty foundations for men. The other twenty-six admitted both male and female inmates, and it is likely that another eight that were for travellers also supported men and women. Five of the six institutions for women were leper hospitals founded in the late 12th or early 13th century, with the other being an almshouse of the late 14th century. Those for men included twelve leper hospitals and fifteen almshouses, but only three hospitals for the poor or sick. The hospitals that

admitted both sexes included eight leper hospitals, seven almshouses, and at least eight hospitals for the poor and sick. This suggests a substantial prejudice towards male inmates within almshouses, a lesser bias towards men in leper houses, and a more general acceptance of both sexes in hospitals for the poor, the sick and travellers in Central England.

Bedfordshire (including Luton)

Bedfordshire had sixteen medieval hospitals, most founded by the end of the 13th century. The only later foundation was the almshouse of St. John the Baptist at Toddington founded in the 15th century. The type of inmates cared for at three of the earlier hospitals is not known, but the others consisted of two almshouses, six leper houses, three hospitals for the poor and a hospital for the poor and travellers. The four hospitals for the poor or travellers were all dedicated to St. John the Baptist, as was the leper hospital at Luton, and two of the other leper hospitals were dedicated to St. Mary Magdalen. The only other hospital dedications known in the county were to St. Leonard, St. Nicholas, and St. Peter. The latter was dedicated at an early 12th century almshouse in Dunstable, whilst the other two were dedicated at leper hospitals at Bedford and Sudbury respectively. There was only one possible dedication to St. Mary the Blessed Virgin at Stockwell, although little is known of this hospital.

St. John the Baptist was the most popular saint in Bedfordshire with six hospitals dedicated to him, most of which were for non-lepers, whilst St. Mary Magdalen was the most popular dedication for leper hospitals, although her popularity was not as considerable as St. John's. There were no hospitals founded specifically for the sick, although both those dedicated to St. Mary Magdalen were for both the leprous and the sick. The proportion of leper hospitals (37.5%) was above average, and the proportion of almshouses (18.8%) was below average, with no evidence in the county of the late tradition for founding almshouses. The high percentage of leper hospitals is a result of this almost total absence of late almshouses, and is therefore unlikely to be a reflection on any great propensity for founding such institutions in the area. There was only one late foundation in the 15th century and a possible refoundation in the late 14th century, but there were no new hospitals built between 1300 and 1440. The only late almshouse, at

Toddington, was founded for men, and the leper hospital of St. Leonard's at Bedford was refounded as an almshouse for men too. The evidence for the earlier hospitals is limited though, with two or three admitting male and female inmates, but none known to be exclusive to either sex.

Buckinghamshire (including Milton Keynes)

There were a total of fourteen hospitals in medieval Buckinghamshire, consisting of seven leper hospitals, one almshouse, four hospitals for the poor, and two hospitals for the sick. The hospitals for lepers and the sick were all established by the end of the 13th century, as were at least three of the four hospitals for the poor. The hospital of St. Thomas at Great Marlow was founded by the late 14th century, and the only medieval almshouse in the county was Barton's Almshouse in Buckingham, founded in the early 15th century. Six of the 12th and 13th century foundations were dedicated to St. John the Baptist, including the leper hospitals at Aylesbury, in Buckinghamshire, and Stony Stratford, in Milton Keynes. There were two other leper hospitals dedicated to St. Margaret in the early 13th century, but there were no dedications to St. Mary the Blessed Virgin or St. Mary Magdalen. The only hospital dedicated to St. Leonard was another 12th century leper hospital at Aylesbury, which was later united with the hospital of St. John.

As in Bedfordshire, the most popular saint in this county was St. John the Baptist with six dedications in total. Most hospitals to which he was dedicated were for the poor or sick, but two of them were leper houses, making him one of the most popular dedications amongst these types of hospitals also. St. Margaret was also dedicated at two leper hospitals, but none were dedicated to St. Mary Magdalen. The proportion of leper hospitals was particularly high in Buckinghamshire (50%), due in part to a pair of leper houses being founded at both Aylesbury and High Wycombe. Those at Aylesbury were merged in the 14th century, and the same fate may have befallen the leper hospitals at High Wycombe (Knowles & Hadcock, 1994, 340 & 364). Like Bedfordshire, the high percentage of leper hospitals is a result of the low number of late almshouse foundations. There were no hospitals for travellers in the county, and no hospitals at all built between 1300 and 1380. At least one of the two possible later foundations was for men, as were

three of the earlier hospitals of the 13th century, but there were no hospitals specifically founded to care for women.

Hertfordshire

The nineteen hospitals in Hertfordshire included eight leper houses, four almshouses, and five hospitals for the poor, sick or travellers. The function of the other two hospitals is not known, although one may have been a leper hospital based on its dedication to St. Giles. All but one of the known leper hospitals were founded by the early 13th century, the exception being the hospital of St. Clement at Hoddesdon first recorded in 1390, and the hospitals for the poor, sick or travellers were all established by the mid-13th century. One of the almshouses was founded by the late 13th century, but the other three were late 15th or early 16th century foundations. The only other foundation was the hospital of St. Cross at Hitchin, for which there is only a single record in 1387. The only hospitals dedicated to St. Leonard and to St. John the Baptist were leper hospitals located at Berkhamstead, the first built in the mid-12th century and the second in the early 13th century. There were at least two leper hospitals dedicated to St. Mary Magdalen, one at Baldock and the other at Hertford, as well as a late 15th century almshouse at Cheshunt. The hospital for the poor sick and travellers at Royston was dedicated to SS Mary the Blessed Virgin and James, and there were three other hospitals dedicated to St. Mary, though which one is being venerated in each case is unclear.

The proportion of leper hospitals in Hertfordshire (42.1%) was high and it seems that there was a tradition of building two hospitals in a town, one for lepers and another for the poor or sick. This was the case at Hertford, Royston, and Berkhamstead, where leper hospitals were founded at the end of the 12th century or the beginning of the 13th century, followed shortly afterwards by the foundation of hospitals for the poor or sick. This may also have occurred at St. Albans and at Hoddesdon, although the evidence is less convincing due to the possible length of time between foundations. The number of later almshouses was greater in Hertfordshire than in Bedfordshire or Buckinghamshire, but was still low compared to most other regions. The cessation of hospital foundations in the 14th century may have started a little later in this county, around 1330, although the only record of the hospital of St. Giles at St. Albans was in 1327. This hospital may have

been built earlier in the century or even in the previous century, and as no other hospital was founded in the early 14th century, the break may have started around 1300 and continued until about 1380.

Identifying the most popular saint(s) in the county is difficult due to the number of dedications to St. Mary, which may have referred to either the Blessed Virgin or Mary Magdalen. There were three definite dedications to the latter, and so her popularity is not in question, but the Blessed Virgin may have been equally as popular, if not more so, if all the dedications to St. Mary alluded to her. The rest of the dedications were quite diverse with no other saint having more than a single hospital dedicated to him or her. The evidence for the sex of the inmates at the hospitals suggests that men were preferred to women in the early hospitals, with three leper hospitals and an almshouse founded for men, compared to only a single leper hospital for women. Five were for both male and female inmates, including two for the poor sick, suggesting that there was more discrimination within leper hospitals than there was in hospitals for the poor sick. There is no evidence for the sex of the inmates that were admitted to the later almshouse, though.

Northamptonshire

There were twenty-two hospitals founded in this county during the medieval period, including eight leper hospitals, four almshouses, and six hospitals for the poor sick or travellers. There were another four foundations for which the type of inmates is not known, all built between the mid-13th century and the early 14th century. These are unlikely to have been almshouses, as the known almshouses in this county were all founded in the 15th century, whereas all other hospitals were established by the early 14th century. After 1313, however, there were no further hospital foundations in Northamptonshire for another hundred years. Five of the leper hospitals were dedicated to St. Leonard, the first in the 11th century and the other four in the 13th century, and there were four hospitals for the poor sick or travellers dedicated to St. John the Baptist, all founded by the late 13th century. Also popular was St. John the Evangelist with three hospitals dedicated to him in conjunction with other saints. The hospitals at Aynho and Brackley were dedicated to SS James and John the Evangelist, and the hospital at

Northampton was dedicated to SS John the Baptist and John the Evangelist. All three were hospitals for the poor sick or travellers founded in the 12th century. There were two hospitals dedicated to St. Mary the Blessed Virgin, including one of the almshouses, but there were none dedicated to St. Mary Magdalen.

The most popular saints in the county would appear to have been St. John the Baptist and St. Leonard, the former associated with non-leper hospitals and the latter with leper houses. Their popularity seems to have declined after the early 14th century though, and at the later almshouses, dedications to St. Mary the Blessed Virgin and St. Thomas the Martyr were more common. Following a hiatus in hospital foundations that lasted from about 1315 to 1415, only a few almshouses were built in the county, and, as has been seen, this seems to have been the case in other counties of Central England such as Bedfordshire and Hertfordshire. Also comparable with those counties in this region already mentioned was the slight preference of founders to build hospitals for men rather than women. Three of the early hospitals were for men and another three were for both men and women, although at the hospital of St. David at Kingsthorpe women were not accepted until about fifty years after its foundation (Knowles & Hadcock, 1994, 367). Another four hospitals that admitted poor travellers probably catered for both sexes also, but there were none founded exclusively for women. At least one of the four late almshouses was for men, and another was for both male and female inmates, but none are known to have been for women, and it seems there may have been a prejudice towards men throughout the medieval period.

Oxfordshire

There were thirty-three medieval hospitals in Oxfordshire, more than in any other county in Central England. They included seven leper hospitals, fourteen almshouses, and seven hospitals for the poor, the sick, or travellers, with another five of unknown function. Apart from eight of the almshouses that were founded in the 15th or early 16th century, the hospitals were established by the mid-14th century, with no foundations between about 1340 and 1430. The leper hospitals were all in existence by the mid-13th century, and included two dedications each to St. Leonard and St. Mary Magdalen. The hospice at Clanfield, founded by the Hospitallers in the 13th century, was also dedicated

to St. Leonard, and two of the early almshouses were dedicated to St. Mary Magdalen. There were two dedications to St. Mary the Blessed Virgin, and in both cases she was jointly dedicated with another saint. The early 13th century almshouse at Woodstock was dedicated to SS Mary the Blessed Virgin and Mary Magdalen, and the hospital for the poor sick at Bicester was dedicated to SS Mary the Blessed Virgin and John the Baptist. There were five more almshouses or poor hospitals dedicated to St. John the Baptist, including a 15th century almshouse at Fyfield. The only other saint to be commemorated at more than one hospital was St. Giles, who had a 12th century hospital for the poor and an early 14th century almshouse dedicated to him.

There was a high proportion of almshouses in Oxfordshire (42.4%), mainly due to a number of towns such as Abingdon, Banbury and Burford, as well as Oxford, having both early and later almshouses. In total, there were six almshouses built in the county by the early 14th century, which was only two less than the number of almshouses erected in the 15th and 16th century. Although the later tradition of almshouse foundations is not unusual, the scale of early almshouse building in this county is proportionally one of the highest in the country, perhaps indicating a certain predilection for this type of institution in Oxfordshire. As in most areas, there was a break in the founding of new hospitals in 14th century, although it started and finished a little later than in other counties of Central England. At almshouses and hospitals for the poor in Oxfordshire, St. John the Baptist proved a more popular dedication than St. Mary the Blessed Virgin, whereas St. Mary Magdalen and St. Leonard were equally popular dedications for leper hospitals, although both were associated with non-leper hospitals also. St. Giles was as popular a choice of dedication for almshouses and hospitals for the poor as St. Mary the Blessed Virgin, but no other saint had more than a single hospital dedication in the county. There was a strong prejudice towards male inmates, with at least twelve hospitals for men compared to only one for women and six for both. Those exclusively for men included five early almshouses and three later almshouses, with the other four being for lepers. The only hospital that excluded men was the hospital for leprous women at Woodstock, known only from a royal grant of fuel in 1235 (Markham, 1997). There is little evidence regarding the hospitals for the poor and the sick, but almshouses and leper hospitals were clearly geared towards the support of men rather than women.

West Berkshire (including Reading & Windsor & Maidenhead)

There were nineteen hospitals in this county, more than half of which were almshouses. There were three hospitals for the poor sick or travellers and five leper hospitals founded between the late 12th and mid-13th century, and another of uncertain function founded by the mid-14th century. The ten almshouses were all built between the mid-14th century and the beginning of the 16th century, with none erected earlier than 1348. There does not appear to have been a decline in the middle of the 14th century, but there were no new hospitals between about 1250 and 1340. There were two hospitals for the poor sick or travellers dedicated to St. John the Baptist, two leper hospitals dedicated to St. Mary Magdalen, and an almshouse dedicated to St. Mary the Blessed Virgin, but there were no dedications to St. Leonard. There were also single dedications to St. Bartholomew, St. Laurence, and St. Peter.

There was a high proportion of almshouses (52.7%), partly due to the creation of two such institutions in Reading and Windsor, and all almshouses in the county were built between the mid-14th century and the 16th century. One of the few saints dedicated at these almshouses was St. Mary the Blessed Virgin, but there were no earlier hospitals dedicated to her. St. John the Baptist and St. Mary Magdalen were the most popular dedications in the 12th and 13th centuries, with the former saint venerated at non-leper hospitals and the latter saint venerated at leper hospitals. The three hospitals for the poor sick or travellers admitted inmates of either sex, as did one of the leper hospitals. Three of the leper hospitals, however, were specifically for female lepers, compared to only one founded for men. This early prejudice towards women at leper hospitals though, was replaced by a prejudice for men in the almshouses of the later centuries, where at least five were for poor men compared to only one for poor women.

vi) East England

Of the 151 hospitals in this region, at least a hundred were established by the early 14th century. Unlike most other regions though, there does not seem to have been a hiatus of hospital foundations here during the mid-14th century, particularly in Norfolk. Between 1340 and 1370 there were seven hospitals founded (including five in Norfolk), a number only exceeded in north-east England where there were a dozen possible foundations

during this period. There were a further seven foundations in the east of England by the end of the 14th century, and another twenty-three foundations in the 15th and 16th century. There were fifty-four leper hospitals, most existing by the early 14th century. Four of the seven hospitals built in the mid-14th century were for lepers, and a further five were established in the late 14th century or 15th century, suggesting that the disease lingered in this region longer than in most other parts of the country. This would also explain why the mid-14th century hiatus of hospital foundations evident in other regions is not apparent here. Whilst most almshouses in other regions were founded from the late 14th century onwards, in eastern England there were almost as many almshouses by the early 14th century as were founded in the later period. However, whilst all but one of the fifteen earlier foundations were dedicated to one or more saints, most of the seventeen later almshouses were not dedicated, although two of the three late almshouses that were dedicated to a saint commemorated St. Mary the Blessed Virgin. Dedications of the early almshouses varied widely, with only St. Mary the Blessed Virgin and St. Saviour being associated with two hospitals. At least fifty-one hospitals were founded to care for the poor, the sick, or travellers, many admitting a combination of these types of inmate. Most were established by the end of the 13th century, with one hospital for poor and travellers built in the mid-14th century, two poor hospitals in the late 14th century, and two hospitals for travellers in the late 15th century. Three of these five later foundations were dedicated to St. John the Baptist, as were eight of the earlier hospitals.

There were at least sixteen hospitals in total dedicated to St. John the Baptist in this region and, apart from the three later hospitals mentioned above, all were founded in the 12th or 13th century. Also popular, particularly in the 12th and 13th centuries, were St. Mary the Blessed Virgin and St. Mary Magdalen, each with at least eleven hospitals dedicated to them. The former was commonly associated with almshouses and hospitals for the poor and travellers, whilst the latter was most often associated with leper hospitals. As has been discussed, another saint popularly associated with leper hospitals was St. Leonard; seven of the eight hospitals dedicated to him in East England were for lepers. The only hospital dedicated to this saint that was not for lepers was a 12th century Knights Templar hospital for the sick, located at Denny in Cambridgeshire, which was jointly dedicated to St. James. St. James was also popular in this region, with another five

hospitals of the mid-12th to late 13th century being dedicated to him. From the late 12th century to the beginning of 14th century there were six hospitals dedicated to St. Giles, four of which were leper hospitals, and other popular saints included John the Evangelist and Thomas the Martyr, with at least four hospital dedications each, and Bartholomew and Margaret, each with at least three dedications. Of the forty-nine hospitals where the gender of the inmates is known, only four were founded exclusively for women compared to twenty-seven foundations for men, with another eighteen known to admit both sexes.

Cambridgeshire (including Peterborough)

The majority of the thirty-five hospitals in this county were founded by the end of the 13th century, with only four hospitals erected in the 14th century and a further six in the 15th century. There were eight leper hospitals in total, and sixteen hospitals for the poor sick or travellers, the majority of which were established by the mid-13th century. Four of the nine almshouses were built in the 13th or early 14th century, and the rest were all 15th century foundations. There were also another two hospitals of uncertain function founded in the 12th and 13th centuries. At least seven hospitals for the poor sick or travellers were dedicated to St. John the Baptist, and there were four foundations dedicated to St. Mary the Blessed Virgin, which were all almshouses or hospitals for the poor. In the 12th century, there were two leper hospitals dedicated to St. Mary Magdalen and one dedicated to St. Leonard, as well as a hospital for the sick at Denny dedicated to SS James & Leonard and a 13th century almshouse at Fordham dedicated to SS Peter and Mary Magdalen. The only other saint associated with more than one hospital was St. Thomas the Martyr, to whom two late 12th century hospitals for the poor or sick were dedicated.

The most popular saints in Cambridgeshire were St. John the Baptist and St. Mary the Blessed Virgin, and the evidence suggests that St. John was most commonly associated with hospitals for the sick or for travellers, whereas St. Mary was more commonly associated with almshouses and hospitals for the poor. St. Mary Magdalen was marginally the most popular dedication at leper hospitals, although the dedications were generally quite diverse for this type of hospital. There were two late foundations for

lepers in Cambridgeshire, both around the middle of the 14th century, and other late foundations in the region, particularly in Norfolk, suggest that the disease may have lingered a little longer in parts of eastern England. This may be borne out by the fact that one of only four 16th century leper hospitals founded in England was established in East Anglia (Richards, 2000, 83). With the exception of these leper hospitals, there were no new hospitals built between 1330 and 1390. The proportion of hospitals for the sick in Cambridgeshire (22.9%) was above average, but the percentages of other hospital types were not unusually high or low. There were more foundations for men than women in the period before the mid-14th century, with four hospitals for the poor sick exclusively for men compared to only one for women. There were also two early almshouses and a leper hospital specifically for men, but only a single almshouse and no leper houses for women. The almshouses of the later period were more evenly split though, with one for men, one for women and the other three for both. Although originally intended for three poor women in 1461, Dockett's Almshouse was refounded in 1484 to support men also (Rubin, 2002, 127). The evidence points to a greater concern for the welfare of men before the Black Death, but a much less biased attitude in the 15th and 16th centuries.

Essex (including Thurrock)

There were only seventeen hospitals founded in medieval Essex, considerably fewer than in any of the other counties of this region. The type of inmates cared for at three of those is not known, but the others consisted of four leper houses, six hospitals for the poor and sick, and four almshouses. Most were established by the mid-13th century, with only one 14th century foundation, two 15th century foundations and a single 16th century foundation. At least two of the three latest foundations were almshouses, including one at Layer Marney dedicated to St. Mary the Blessed Virgin. The four leper hospitals were all built in the 12th century, and were dedicated to St. Mary Magdalen, St. Leonard, St. John the Baptist, and St. Giles. The hospitals for the poor and sick were all in existence by the mid-13th century, but the dedications of these varied too, with no saint having more than one dedication at such hospitals.

Hospital dedications were quite diverse in Essex, although St. John the Baptist had a leper hospital and a hospital for the poor dedicated to him, both founded in the 12th

century. The only possible 14th century foundation was St. Catherine's Hospital in Colchester recorded in 1352, although little is known about this hospital. It has been suggested that this hospital may have been the same as the hospital of the Holy Cross in Colchester (Knowles & Hadcock, 1994, 353), but there is little evidence to support or deny this. The hospital of the Holy Cross was founded in the 13th century and, according to Clay (1909, 290), was later referred to as the hospital of "Almighty God, Mary the Mother of Jesus Christ, St. Helen, St. Katherine and All Saints", although the date of this reference is unclear. However, the dedication was not changed to include St. Helen until 1407, when the Guild of St. Helen was founded in the chapel (VCH Essex, 1907, 181-2); presumably the addition of 'St. Katherine' would have occurred at the same time. Thus, the 1352 reference to St. Catherine's Hospital would seem to be too early to be referring to this hospital. The possibility still remains therefore that the hospital of St. Catherine was a 14th century foundation, but there were no other hospitals built in the county between 1260 and 1400. The limited evidence regarding the sex of the inmates suggests that there was a slight preference for men over women, with three hospitals of the 12th and 13th centuries and two later almshouses being built specifically for men, but none exclusively for women.

Norfolk

At least twenty-nine of the sixty-nine medieval hospitals in Norfolk were for lepers, fifteen were almshouses, and twenty-one were hospitals for the poor, the sick or travellers. There were also four hospitals in Gorleston of an uncertain type, although three of those were founded in the 16th century, which suggests that they may have been almshouses. The other may have been a late 13th century hospital for the poor founded by Queen Eleanor of Castile, wife of Edward I, whose generosity was typified by the 9,306 paupers for whom she provided food throughout 1289 and 1290 (Clay, 1909, 321; Steane, 1999, 49). Forty-six of the hospitals were set up between the mid-12th century and the early 14th century, and thirteen were established from the late 14th century onwards. At least six of the late hospitals were almshouses, but there were also two late leper hospitals, one at Heacham by 1387 and the other built at Walsingham in the 15th century. There were six hospitals founded between 1335 and 1380, including four leper hospitals,

but the foundation dates of the other four hospitals are unknown. With the exception of two hospitals for travellers, one in the mid-14th century and the other in the late 15th century, all hospitals for the poor sick or travellers were operating by the late 13th century.

Five of the hospitals were dedicated to St. John the Baptist, most founded in the 12th or 13th century and most for the poor or travellers. The 12th century hospital dedicated to this saint at Thetford, however, was a house for leprous men. There were another four almshouses and hospitals for poor or travellers dedicated to St. Mary the Blessed Virgin, and at least three leper hospitals dedicated to St. Mary Magdalen, all built in the 12th or 13th century. One of the 16th century foundations at Gorleston was also dedicated to St. Mary Magdalen. There were also two leper hospitals dedicated to St. Leonard, and another two to St. Laurence, all by the early 14th century, and other popular saints included Giles and Bartholomew, with three hospitals dedicated to each. Those dedicated to the former were all established between the mid-13th and early 14th century, whilst two of those dedicated to the latter were 12th century foundations, the other being founded in the 16th century. There were also two dedications each to St. Margaret, St. Stephen, and SS Mary and Nicholas, all in existence by the early 14th century. Only two of the hospitals built after the late 14th century were dedicated to saintly figures, one being the hospital of St. John the Baptist at Rushford. The other was the hospital of the Holy Trinity at Walsoken, certainly founded by 1389 (Knowles & Hadcock, 1994, 400), but possibly founded in the 12th century according to Clay (1909, 308).

Norfolk had a high proportion of leper hospitals (42.0%), with half of all foundations located outside the towns of Norwich, King's Lynn and Thetford. There were a dozen possible foundations in the 14th and 15th centuries, including four that may have been established after the Black Death. Three of the hospitals recorded in the mid-14th century are likely to have been earlier foundations, possibly as early as the 13th century, including St. Leonard's in Norwich recorded in 1335 when a few wooden houses were in need of repair (Rawcliffe, 1995, 164). This still leaves a high number of later foundations in the county suggesting that the disease may have been as much a problem in the 14th century as it had been in previous centuries. Another possible reason why leper houses were still being built in the 14th and 15th centuries may have been to get a growing

number of itinerant lepers off the streets. Following the horror of the Black Death, the revulsion towards lepers seems to have subsided and the general public became more tolerant of those suffering from this disease. Several attempts were made by the authorities to remove wandering lepers from towns and cities in the late 14th and 15th centuries (Rawcliffe, 1995, 52), and a number of leper hospitals founded in and around London during this time may have been specifically founded to tackle this problem. Such a motive may have also been behind the late foundations in Norfolk. With at least nineteen well-known shrines (Rawcliffe, 1995, 141) Norfolk was a major pilgrimage centre, and the authorities may have wished to keep lepers within the walls of a hospital and out of sight of the many visitors that travelled through the county. The spectacle of lepers roaming around a town that was home to a much revered shrine may have cast doubt on the power of that shrine. Keeping the streets clear of lepers would therefore have been beneficial and may explain why there were more late foundations for lepers here than in any other county in England. With so many pilgrimage sites, it is not surprising that a high proportion of hospitals in Norfolk were for poor travellers and pilgrims (15.9%).

The gender of the inmates is known or can be surmised for one-third of the hospitals in Norfolk. Most were for both men and women, but there were at least a dozen specifically for men and only one for women. The only hospital for women was one of a pair of leper hospitals founded outside the North Gate of Yarmouth, the other being for leprous men. This discrimination towards men was most noticeable before the Black Death, the only later hospital founded for men being the almshouse at Heringby built in the 15th century. The issue of a 14th century decline in the foundation of new hospitals in Norfolk is confused somewhat by the number of leper hospitals established during this century. However, apart from those leper hospitals, there were only two other hospitals founded in Norfolk between 1320 and 1380, suggesting that there may have been at least a slowing down of non-leper hospital foundations during this period.

Suffolk

There were thirty hospitals founded in medieval Suffolk, the majority of which were established between the early 12th century and the early 14th century. There were

four almshouses built in the late 15th or early 16th century, and there were two other hospitals built in the late 14th century. The first of the late 14th century foundations was the leper hospital of St. Leonard at Sudbury founded in 1372, and the other was the hospital of St. John the Baptist providing care for the poor at Orford by 1390. There were thirteen leper hospitals in total and eight hospitals for the poor or sick, and another five hospitals of an unknown function. Three of the hospitals were dedicated to St. Mary Magdalen and another three were dedicated to St. Leonard, all of which were leper hospitals established between the end of the 12th century and the late 14th century. There were also three dedications to St. James, two of which were late 12th century leper hospitals and the other a late 13th century hospital for the poor at Great Thurlow. Three hospitals for the poor sick or travellers were dedicated to St. John the Baptist and at least two were dedicated to St. Mary the Blessed Virgin, all built in the 13th or 14th century.

The most popular saints associated with leper hospitals were St. Mary Magdalen and St. Leonard, and the most popular dedications for non-leper hospitals were St. John the Baptist and St. Mary the Blessed Virgin. St. James was equally as popular, but he was commemorated at leper houses and non-leper houses. There was an apparent pause in the building of new hospitals between 1330 and 1390, although there was a late leper hospital founded during this period, which is consistent with the evidence from other counties in this region. There was a high proportion of leper hospitals in Suffolk (43.3%), just as there had been in Norfolk, but the proportion of hospitals that supported poor travellers and pilgrims was surprisingly low (3.3%). The evidence for the sex of the inmates admitted to hospitals in this county is very limited, with only two hospitals known to have been for men and one for women, with another five for both.

vii) South-West England

Only fifty-five of the 169 medieval hospitals founded in south-west England were not almshouses or leper hospitals, and of those only seventeen cared for the sick. Eight of the hospitals for the sick were dedicated to St. John the Baptist, and one was dedicated to St. John the Evangelist, with another being dedicated to both saints. The hospital dedicated to both saints was founded at Sherborne in Dorset in 1406, and this was the last hospital for the sick to be built in the region, with all the others existing by the early 14th

century. The majority of those dedicated to St. John the Baptist were constructed in the late 12th or early 13th century, whereas the hospital of St. John the Evangelist in Cirencester was built c.1133. As well as the nine hospitals for the sick that carried the name of John the Baptist, there were a further fifteen hospitals dedicated to this saint, most of which were running by the mid-13th century. The only later hospitals bearing his name were the early 14th century foundations at Devizes, Wiltshire and Chilcombe, Dorset, and three hospitals in the late 14th or 15th century, including two that were jointly dedicated to St. John the Evangelist. Three of the 13th century foundations dedicated to St. John the Baptist were joint dedications with St. Anthony, all of which were almshouses or hospitals for the poor. Most of the hospitals dedicated to St. John the Baptist provided care for the poor or poor sick, including two 13th century almshouses, with the only exception being at Cricklade in Wiltshire. This hospital was originally founded in the early 13th century for poor wayfarers, although in the early 15th century it also began admitting the poor, as well as aged and infirm clergy (Knowles & Hadcock, 1994, 354).

Of the forty-eight leper hospitals in the region, most were established by the early 14th century, with only three being built in the late 14th or early 15th century, and a later hospital founded at Newton Bushell, Devon in 1538. The latter, although initially intended for lepers, seems to have become a hospital for the poor by 1546 (Orme & Webster, 1995, 251). Nineteen leper hospitals were dedicated to St. Mary Magdalen, most of which were set up between the 12th century and the early 14th century, with two possible late 14th century foundations. There were eight dedicated to St. Margaret between 1150 and 1307, three late 12th or 13th century foundations dedicated to St. Laurence, and two dedications each for St. Leonard, St. Mary the Blessed Virgin, and St. Giles. Of the sixty-six almshouses, most were founded from the late 14th century onwards, with twelve earlier foundations between the late 12th century and early 14th century. Only about a third of all almshouses were dedicated to saints, including two early dedications each to St. John the Baptist and to St. Mary Magdalen. The later dedications varied, although St. Catherine was the most popular with three dedications.

The only hospitals dedicated to St. Mary the Blessed Virgin were two leper hospitals built by the early 14th century, and two 16th century almshouses. Similarly, there

were few hospitals dedicated to St. Leonard, with only two leper hospitals and one hospital for poor travellers bearing his name, all of which were created by the end of the 13th century. The low number of dedications to St. Leonard found in hospitals is also evident in the number of church dedications in the region, but Mary was a very popular dedication for churches in the south-west, as was the case elsewhere. The evidence suggests that the Blessed Virgin, although popular, was not associated with poverty and infirmity in this region to the same high degree that she was in other regions. Her place amongst hospital dedications may have been taken by the Holy Trinity, with at least nine hospitals so named, which was more than in any other region. Also more prevalent in the south-west than anywhere else were hospitals dedicated to St. Margaret. At least eight of the ten hospitals named after her were leper hospitals, and all were founded between the mid-12th century and the first decade of the 14th century. The functions of the hospitals dedicated to St. Margaret at St. Briavel's in Gloucestershire and at Bristol are unknown, but it seems likely that they would also have been leper hospitals. Two other saints who were more popular in the south-west than elsewhere were St. Laurence, with five hospitals built between the late 12th and early 14th century dedicated to him, and St. George. Of the seven hospitals in total dedicated to St. George in Britain, three were guild almshouses in south-west England built in the late 14th or 15th century.

St. Catherine and St. Anthony enjoyed greater recognition in the hospitals of southern England than in other regions. The hospitals in the south-west that were dedicated to these saints were mainly for the poor, in contrast to those in the south-east that included a number of hospitals that cared for lepers and other infirm. The only leper hospital in the south-west was the hospital of St. Margaret and St. Anthony at Wimborne in Dorset. Three of the 13th century hospitals bearing the name of St. Anthony were jointly dedicated to St. John the Baptist, a conjugation not found in any other region. Where the sex of the inmates admitted to the hospitals is known, only half a dozen hospitals were built exclusively to care for women, with another refounded for women, whereas there were nineteen that admitted only men. There were a further fifty-one hospitals known to have admitted both or either sexes.

Cornwall

There were fewer medieval hospitals in Cornwall (thirteen) than in any other county in this region. There were only four almshouses, all built in the 15th or 16th century, and the only hospital for the poor was that of St. John the Baptist at Helston, founded c.1220. There was also a leper hospital at Helston, dedicated to St. Mary Magdalen, built around the end of the 13th century. All but one of the eight leper hospitals were established by the beginning of the 14th century, the only possible exception being that of St. Benedict founded at Lanivet in 1411, although the suggestion by Somerscales (1965, 98) and others that this chapel was attached to a leper house may be incorrect as there is no archaeological or contemporary historical evidence (Orme & Webster, 1995, 213-4). Between 1301 and 1405, the only possible foundation was the leper hospital of St. Mary Magdalen at Helston, which was constructed either in the late 13th or early 14th century. Three leper hospitals were dedicated to St. Mary Magdalen in the 13th or early 14th century, but only one to St. Margaret, also in the 13th century. Another sixteen possible early leper hospitals were identified by Orme & Webster (1995), based on various donations made to lepers by the executors of the will of Thomas Bitton, bishop of Exeter, between 1307 and 1310. However, whilst the sums donated may indicate groups of lepers were present in certain places, they may not necessarily have been living together in hospitals (Orme & Webster, 1995, 172). Excluding these apparent leper colonies, Cornwall still had a higher proportion of leper hospitals (61.5%) than any other county in England, Scotland or Wales, although this may be a reflection on the small number of non-leper hospitals rather than an indication of a greater need for leper hospitals.

Apart from the few later almshouses, the needs of the poor, sick or travellers were generally overlooked, with only a single hospital specifically for the poor. The geography of the county had a bearing on the lack of these types of hospitals. Its location on the edge of the country and its rural, highland character with communities scattered around in small hamlets and farmsteads did not present a practical setting for such hospitals (Orme & Webster, 1995, 169-70), but was ideal for building leper houses, although it is possible that the leper hospitals occasionally admitted non-lepers too. One of the key elements for establishing a leper hospital was the desire to segregate the lepers from society, and so

the generally marginal nature of Cornwall may have encouraged the foundation of this type of hospital. The emphasis on the leper resulted in St. Mary Magdalen, commonly associated with those suffering from the disease, being the most popular dedication for hospitals in this county, although the small number of foundations renders any further comment on the popularity of saints pointless. Although the evidence is limited, there were no hospitals known to have admitted only one sex, and it may be that the desire to segregate men and women was diminished in this county due to the small number and the nature of the foundations.

Devon (including Plymouth)

In geographical terms, parts of medieval Devon were similar to medieval Cornwall, whilst other parts were distinctly different. The north and west of the county resembled the rural nature of Cornwall, whilst the lowland south and east contained the large town of Exeter, ecclesiastical capital of both counties (Orme & Webster, 169-70). The result was that a high proportion of the forty hospitals in this county were leper hospitals (35%), though this was not as high as in Cornwall, with only a few hospitals for the poor, sick and travellers (see pp.169-70 for further discussion on leper hospitals). There were eighteen medieval almshouses, compared to only four in Cornwall, and all were founded after the late 14th century. Most of the fourteen leper hospitals in Devon were established by the early 14th century, with only three possible later foundations. One of the exceptions was the leper hospital of St. Mary Magdalen at Taddiport, which was certainly in existence by the end of the 14th century, but may have been a much earlier foundation (Orme & Webster, 1995, 258). Another was an almshouse built for lepers at Newton Bushell in 1538, and the third was the hospital of Holy Trinity and St. Mary Magdalen in Plymouth, founded by 1374. Most of the other eight hospitals in the county were founded by the early 14th century. The only exceptions were the late 14th century poor hospital of the Holy Trinity, St. John the Evangelist and St. John the Baptist at Great Torrington, and the short-lived hospital of St. Roche in Exeter, which was providing for the poor and infirm in the early 16th century (Orme & Webster, 1995, 247-9). Unlike the hiatus of foundations in Cornwall in the 14th century, there were a few hospitals founded

in this century in Devon, although most were in the first or the last decade of the century. There were no known foundations, however, between 1312 and 1374.

Nine of the leper hospitals were dedicated to St. Mary Magdalen, with another two dedicated to St. Margaret, and two of the hospitals for the poor and sick were dedicated to St. John the Baptist. There were five other possible leper hospitals identified by Orme & Webster (1995) established by the early 14th century, based on Bishop Bitton's donations. Exeter had thirteen medieval hospitals, including nine almshouses founded between the end of the 14th century and the late 15th century. There were a pair of 12th century hospitals in the town, one for the poor sick dedicated to St. John the Baptist, and a leper hospital dedicated to St. Mary Magdalen. The last foundation was the hospital of St. Roche established in the early 16th century for the poor sick. The proportion of leper hospitals in Devon (35%) was above average, and was second only to Cornwall in the region, and the proportion of almshouses was even greater (45%), due to the high number of almshouses founded in Exeter in the 14th and 15th centuries. As with Cornwall, St. Mary Magdalen was the most popular dedication in Devon, particularly with the leper hospitals founded between the mid-12th century and the early 14th century. There was no apparent exclusivity of gender in any of the earlier hospitals, but five of the almshouses of the 15th and 16th centuries were for men only. There were no known hospitals established exclusively for women however.

Dorset (including Poole)

Dorset had twenty medieval hospitals, though unlike Cornwall and Devon the proportions of leper hospitals or almshouses were not particularly high. There were six leper hospitals, all founded by the early 14th century, six almshouses, ranging in date from the 13th century to the 16th century, and five hospitals for the poor, sick or travellers. The type of inmates accommodated at the other three hospitals is not known. Most of the hospitals for the poor, sick or travellers were founded in the 13th century, the only exception being the hospital of SS John the Baptist and John the Evangelist in Sherborne built in the early 15th century. Of the almshouses, two were built in the 13th century, three around the end of the 14th century, and the other in the 16th century. Hospital foundation

continued into the 1330s at Dorset, although there were no new foundations made between 1336 and 1386.

There were five hospitals dedicated to St. John the Baptist, none of which were for lepers, three dedications to St. Mary Magdalen, and two dedications to St. Leonard. The hospitals of St. Leonard at Blandford and Rushton were both founded in the 13th century, the former being for lepers and the latter for poor travellers. The hospitals dedicated to St. Mary Magdalen were a 13th century leper hospital at Bridport, an early 14th century leper hospital at Christchurch, and a late 14th century almshouse at Shaftesbury. There was also a single hospital dedicated to St. Margaret, that being the leper hospital of SS Margaret and Anthony at Wimborne founded by 1216. Whereas St. Mary Magdalen was the most popular dedication in Cornwall and Devon, the most popular dedication in Devon was to St. John the Baptist, particularly in the 13th and early 14th century. There were dedications to Mary Magdalen in Dorset, but not exclusively connected to leper hospitals. With regards to the sex of the inmates, the late 14th century almshouse dedicated to St. Mary Magdalen at Shaftesbury was for men, and the lazaret house at Dorchester had ten poor men by the 16th century, although the foundation date and the originally intended inmates of the latter is unknown. None of the hospitals are known to have been established just for women, and it would seem that the earliest hospitals at least did not prejudice against either sex. As with Devon, however, a certain trend of excluding women seems to have started in the late 14th century.

Gloucestershire

Gloucestershire had sixteen medieval hospitals, and apart from two 15th century almshouses, one at Cirencester and the other at Stow-on-the-Wold, and a 14th century foundation at St. David's near Castleford, none are known to have been founded after the 13th century. The foundation date of the hospital at Winchcombe is uncertain, although it had ceased to exist before the 16th century (Knowles & Hadcock, 1994, 403), and likewise the foundation dates of the hospital for leprous monks at Charlton Abbots and the almshouse run by the abbey at Tewkesbury are uncertain, although the former may have been built before the Black Death and the latter after the plague, based on their function. The other four leper hospitals and the four hospitals for the poor sick were all

erected in the 12th or 13th centuries. There were two hospitals dedicated to St. Margaret, the first at Gloucester in the mid-12th century and the second at St. Briavel's by the mid-13th century. The type of inmates cared for at St. Briavel's is not known, but the dedication would suggest that it was a leper hospital.

The only dedication to St. Mary Magdalen was the leper hospital at Gloucester, founded in the 1150s, and the only hospital dedicated to St. John the Baptist was a hospital for the poor sick built at Lechlade in the early 13th century. There were no hospitals dedicated to either St. Mary the Blessed Virgin or to St. Leonard, and apart from St. Margaret, to whom two hospitals were dedicated, no saint enjoyed more than a single dedication in Gloucestershire. Apart from the leper hospital for monks at Charlton Abbots, the only hospital established for men was the 12th century almshouse at Dursley. The former leper hospital of St. Laurence at Cirencester was refounded in the early 14th century for two poor women (Fuller, 1893, 55), but no other hospitals are known to have favoured a particular gender. The evidence for Gloucestershire suggests that most hospitals were founded by the end of the 13th century, but that there was no preference for the type of hospital, the sex of the inmates, or the dedication in this county.

Somerset

Over half of the twenty-one hospitals in Somerset were almshouses, whilst the other half were split fairly evenly between leper hospitals and hospitals for the poor, sick or travellers. Three of the eleven almshouses were founded in the 13th century, and six were founded in the 15th or 16th century, but the foundation dates of the two almshouses in Taunton are not known. All five leper hospitals were established by the 14th century, with two of the earliest being dedicated to St. Margaret. There was a late 13th century leper hospital at Langport dedicated to St. Mary Magdalen and a 14th century one at Bridgwater dedicated to St. Giles, but the dedication of the leper hospital at Selwood is not recorded. One of the hospitals for travellers was constructed in the 15th century, whilst the other four hospitals for the poor, sick or travellers were all established by the end of the 13th century. Between about 1290 and 1420, the only hospital founded in Somerset was the 14th century leper hospital of St. Giles at Bridgwater, although exactly when in the 14th century it was opened is uncertain. With only five of the other forty-six

leper hospitals in south-west England built after 1307, it is more likely to have been founded in the early 14th century rather than the mid or late 14th century.

The three hospitals that cared for the sick were all dedicated to St. John the Baptist. Only three of the almshouse dedications are known, including the 15th century almshouse of SS George and Christopher at Yeovil, St. Saviour's in Wells, and the 13th century almshouse at Glastonbury which was dedicated to St. Mary Magdalen. As in Gloucestershire, there were no hospital dedications to St. Mary the Blessed Virgin or St. Leonard in Somerset. The evidence suggests that St. John the Baptist was a popular dedication for hospitals for the infirm in the 12th and early 13th century, whilst St. Margaret was a popular dedication for leper hospitals in the same period. In the later 13th century, St. Mary Magdalen appears to have replaced St. Margaret as the choice of dedication for those founding leper hospitals in the county. By the 14th century the popularity of these saints in connection with hospitals seems to have ceased. The last leper hospital to be founded was dedicated to St. Giles, whilst the only known dedications of almshouses after the 14th century were to SS George and Christopher, and to St. Saviour. Unlike those counties in the south-west of England already discussed, there is evidence that in Somerset men were being admitted to hospitals in preference to women as early as the 13th century. Almshouses at Glastonbury and Porlock, and the leper hospital at Ilchester were all built for men in the 13th century, whereas the only known hospital established specifically for women was Abbot Beere's Almshouse in Glastonbury, founded in the 16th century.

Wiltshire

This county had more hospitals than most of the others in south-west England, with only Devon exceeding Wiltshire's total of thirty-two. The numbers of leper hospitals, almshouses and hospitals for the poor sick were very similar, as was the number of hospitals founded specifically for poor travellers and pilgrims. This high proportion of hospitals for travellers is unknown in other parts of the region, and probably reflects the popularity of Salisbury as an important town and a place of pilgrimage. The building of the new town in the 13th century and the removal of the cathedral from Old Sarum coincides with the foundation of six of the hospitals, all founded between 1220

and 1270. Work on the new cathedral began in 1220 and by 1269 the only available site large enough for the new collegiate church of St. Edmund was in the north-east corner of the town (RCHME, 1980, xxxii & xxxviii). The last of the seven hospitals for travellers to be built was the late 14th century hospital at Chapel Plaster, although this was situated at the crossroads of two main roads, and probably accommodated those travelling to Glastonbury as much as those heading for Salisbury (Knowles & Hadcock, 1994, 331). Of the seven medieval almshouses in Wiltshire, two were founded in the 13th century and four in the 15th century, with the foundation date of the almshouse at Bradford-on-Avon not known. All of the leper hospitals were established between 1135 and 1235, and all but two of the other hospitals were running by the early 14th century. The exceptions were the hospital of the Holy Trinity and St. Thomas the Martyr at Salisbury founded for the poor sick in about 1379, and the late 14th century hospital for pilgrims at Chapel Plaster. From about 1338, there was a comparatively short period of about forty years when hospital foundations ceased in Wiltshire. There were then a further six foundations in the late 14th and 15th centuries, but none in the 16th century.

Nine of the hospitals were dedicated to St. John the Baptist, all between the 12th century and early 14th century, most of which were hospitals for the poor and none of which were leper hospitals. The dedications of the leper hospitals varied and included one dedication to St. Margaret in the early 13th century. The early 13th century leper hospital at Malmesbury was dedicated to St. Mary Magdalen, as was one of the 13th century almshouses, but there were no dedications to St. Leonard in Wiltshire. There was only one dedication to St. Mary the Blessed Virgin, the leper house at Maiden Bradley founded in the 12th century. As with Dorset and Somerset, the most popular dedication for non-leper hospitals was clearly St. John the Baptist, but there does not appear to have been a corresponding favourite associated with leper hospitals. Nor was there any particular saint favoured by those who founded almshouses or hospitals for travellers. The nature of the latter type of hospital did not preclude members of either sex from being admitted, but three other 13th century hospitals were established for male inmates only, as were two of the 15th century foundations. There were also two built for women only, the first at Maiden Bradley in the 12th century and the second in Salisbury in the late

14th century; this early segregation was also evident in the neighbouring county of Somerset.

Bristol and Bath

There were twenty-three medieval hospitals in the Bristol area, over two-thirds of which were almshouses, and there were another four hospitals in the present-day county of Bath and North-East Somerset. There was a clear distinction between the foundation dates of almshouses and other hospitals in these urban areas, with the first almshouse built in the mid-13th century, and all non-almshouses built prior to that. Eight of the nine hospitals founded for lepers, the poor sick, or for travellers were established between 1180 and 1234, with the leper hospital of St. Mary Magdalen at Bath, founded c.1100, being the only exception. Three of the sixteen almshouses were built between the mid-13th century and early 14th century, ten in the late 14th or 15th century, and one in the 16th century. The foundation date of the other two almshouses, however, is not known. There were only three leper hospitals in total, which represents only a small proportion (11.1%) of the total number of hospitals founded, and this reflects the stark difference between this highly urbanised area and the distinctly rural area of Cornwall, where the proportion of leper hospitals was much higher (61.5%). The paucity of foundations in the 14th century was apparent here as elsewhere, with only two new almshouses opened in Bristol during this time, the first in the early 14th century and the other in 1395.

There were at least three hospitals dedicated to St. John the Baptist, two of which were hospitals for the poor or sick. Two of the leper hospitals were dedicated to St. Mary Magdalen, with the other being dedicated to St. Laurence. There were also two hospitals dedicated to St. Catherine, but no dedications to either St. Leonard or St. Mary the Blessed Virgin. The popularity of saints such as John the Baptist and Mary Magdalen is still evident in Bristol and Bath, but there were no doubt limitations as to how many hospitals could be dedicated to the same saint in the same town without causing confusion. The lack of hospital dedications to Mary the Blessed Virgin and Leonard, who were very popular in other regions of Britain, speaks volumes about the general disregard for these saints that is apparent in the hospitals across south-west England. Even in a single town where a dozen different dedications were attached to hospitals, Mary and

Leonard were not amongst them. The hospitals in Bristol and Bath were founded with both men and women in mind. There were two leper hospitals in Bristol by the early 12th century, one for male lepers and the other for females, whilst the only leper hospital in Bath admitted lepers of either sex. There were also two almshouses for women and one for men in Bristol, but the rest of the hospitals in these towns, where the sex of the inmates admitted is known, were for both men and women.

viii) South-East England

The large majority of the 185 hospitals in south-east England were located either in or between London and Canterbury, or on the coast. Of the fifty or so hospitals not in these areas, half were located between London and Southampton, thus completing a triangle of more than 150 medieval hospitals between London, Southampton and the coastal town of Sandwich to the east of Canterbury (Fig.3). Half of all the hospitals within this triangle were founded between 1170 and the end of the 13th century. These were well located to serve and benefit from the heavy traffic along the main routes between the main port town of Southampton, the English capital, and the tomb of

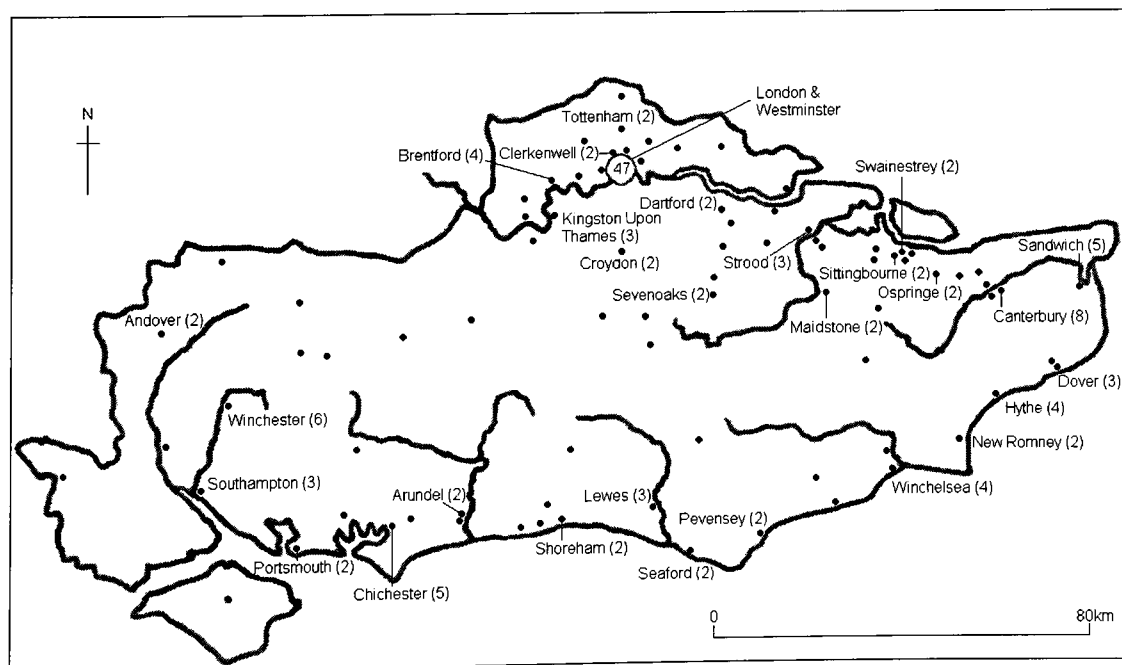


Fig. 3. Medieval Hospitals in South-East England

Thomas Beckett at Canterbury. At least thirty of these hospitals are known to have provided food and lodgings for poor travellers and pilgrims, although it seems likely that a number of the other hospitals also admitted travellers on a daily basis. At least a quarter of the hospitals in this triangle admitted lepers, although many along the route between London and Canterbury, such as the hospitals of St. Bartholomew in Chatham, St. Catherine in Rochester and St. Nicholas in Strood, also admitted those with other infirmities. Along the south-east coast the proportion of leper hospitals was even higher, with more than a third of all medieval hospitals from Southampton to Sandwich caring for leprous inmates. With the exception of the 15th century leper hospital of St. Anthony in Sandwich, all of these coastal leper hospitals were founded by the mid-13th century.

Although many hospitals were founded specifically for travellers and pilgrims up until the late 13th century, only the hospitals of SS Mary, Anne and Louis in Brentford and St. John the Baptist in Hythe were founded for wayfarers in later centuries, although the latter also cared for the poor and later for soldiers. More than half of the hospitals that catered for travellers were founded between 1170 and 1270, a period when pilgrimages to Canterbury became particularly popular as a result of the death and subsequent canonisation of Archbishop Thomas Becket. Of the fifty-nine almshouses, twenty-five were founded between the 12th century and the early 14th century, whilst thirty-three were founded between the late 14th century and the mid-16th century. The only almshouse founded between 1334 and 1392 was that of St. Catherine at Shoreham in West Sussex established c.1366. Thirteen of the sixteen medieval almshouses in Hampshire, Surrey and Sussex were early foundations, the other three being established in the late 14th century or early 15th century. In Kent there was almost an equal number of early foundations (seven almshouses) as late foundations (eight almshouses), but in and around London there were only six almshouses founded between the late 12th century and early 14th century compared with twenty-two foundations in the 15th and 16th centuries. This was mainly due to the almshouses founded by the various trade guilds in London, about a dozen of which established almshouses to take care of their members or their spouses in times of need.

The most popular saints associated with hospitals in the region were St. Mary the Blessed Virgin, with twenty-one dedications, and St. John the Baptist, with sixteen

dedications. The 16th century Savoy hospital was dedicated to both these saints and to the Blessed Jesus, and a 15th century almshouse in Westminster was dedicated to the Assumption of Our Lady. Only three of these were for lepers, all founded by the early 13th century, with the others caring primarily for the poor and the sick. At least thirteen admitted travellers, with most founded by 1280, and three of the hospitals dedicated to St. Mary the Blessed Virgin were founded to take care of clergymen. Other popular saints included Thomas the Martyr, to whom ten hospitals were dedicated, and Catherine, Bartholomew, Nicholas and Anthony, each with seven or eight hospitals dedicated to them. Most of those dedicated to St. Thomas were, not surprisingly, founded in Kent and Greater London between 1170 and 1270, whilst the majority of those dedicated to St. Catherine, St. Bartholomew and St. Nicholas were founded by the early 14th century. Of the hospitals dedicated to St. Anthony, those established to care for the poor, sick or travellers were founded in the mid to late 13th century, whilst the leper hospitals were later foundations of the 14th and 15th centuries. Another popular dedication was the Holy Cross or St. Cross, with six hospitals founded in the 12th and 13th centuries, although none of these were located in the Greater London area.

By far the most popular saint associated with leper hospitals was St. Mary Magdalen with sixteen dedications in total, fourteen of which were leper hospitals. The six hospitals dedicated to St. Leonard were all leper hospitals, as were six of the nine hospitals dedicated to St. James. All but one of these thirty hospitals were founded by the early 14th century, the exception being St. Leonard's Hospital in Knightsbridge, which was founded in 1475. Unlike the south-west of England where dedications to St. Margaret were particularly popular, there were no hospitals in the south-east dedicated to this saint. St. Catherine was unusually associated with lepers in the south-east, with at least three leper hospitals dedicated to her. The only other known leper hospital dedicated to this saint was located outside Micklegate Bar in York. Of the eighty-two hospitals where the gender of the inmates is known, only five were founded specifically for women, twenty were founded for men, and the remaining fifty-seven founded for both or either. Almost half of all hospitals nationwide that accommodated more than thirty patients were located in south-east England, with most situated in the London area. The only substantial hospital in the country to be founded after the early 14th century was the

Savoy Hospital in London, originally founded for a hundred patients by Henry VII in the early 16th century and completed after his death.

East Sussex

There were fifteen hospitals in East Sussex which, with the exception of the early 15th century almshouse at Buxted, were all founded by the early years of the 14th century. The three earliest were established in the late 11th and early 12th century for the poor and travellers, and there was a later hospice for travellers at Lewes founded in the mid-13th century which probably replaced one of the earlier foundations for travellers (Godfrey, 1959, 132). There were only three leper hospitals in the county, all founded between the mid-12th century and the mid-13th century, and two late 13th century hospitals for the sick. There were three times as many leper hospitals founded in West Sussex, most of which were established before those in East Sussex, suggesting that the building of *leprosaria* along the coastal route between Southampton and Canterbury developed from west to east and had resulted in a sufficient number of foundations by the mid-13th century to negate the need for a significant number of such hospitals in East Sussex. Four earlier almshouses were founded in the late 13th century or early 14th century, and a hospital of unknown function was also founded at the end of the 13th century. Dedications varied, with only St. Bartholomew, St. James and the Holy Cross having two hospitals dedicated to them, all in the 13th century. There were not, however, any hospitals dedicated to St. Mary the Blessed Virgin.

The proportion of hospitals for travellers (26.7%) is higher than in most other counties, even when taking into account the fact that one of the four hospices may have been built as a replacement for an earlier hospice. Three of these hospitals were located in Lewes and were run by the Cluniac priory of St. Pancras in that town. The priory was founded in the 11th century by William de Warenne, the first Norman earl of Surrey, and his wife Gundrada following their return from a pilgrimage to St. Peter's in Rome. During their journey they had stopped at Cluny and were given a grand reception (Lawrence, 2001, 94), and this no doubt influenced the earl to found not only a priory, but also a hospice for pilgrims attached to it. A second hospital for the poor and travellers was added shortly afterwards, but later became a parish church and was replaced by a

new hospital (Godfrey, 1959, 132). These were amongst the earliest hospitals founded in East Sussex, and the following two centuries saw another ten created throughout the county. However, this came to an end after 1302 and the only hospital to be founded thereafter was an almshouse at Buxted built in 1404. The dedications varied widely, with nine different saints or holy symbols venerated amongst the fifteen hospitals, and none with more than two dedications. One of the leper hospitals was dedicated to St. Leonard, but the only hospital dedicated to St. Mary Magdalen was a hospital for the poor sick at Hastings. At least one almshouse, possibly two, was dedicated to St. John the Baptist, but there were no dedications to St. Mary the Blessed Virgin. More than half of the hospitals were not particular about what gender their inmates were, but the 13th century leper hospital at Winchelsea and the almshouse founded at Seaford in the same century were both exclusively for men, as was the late almshouse at Buxted. There were no known foundations specifically for women though.

Greater London

In this county, comprising the city of London and thirty-two surrounding metropolitan boroughs, there were a total of seventy-one hospitals founded throughout the medieval period. Eighteen were founded within the walls of London, with a further eleven located just outside the town walls and six on the south side of the River Thames. There were another dozen at Westminster and Holborn and eight more on the outskirts of London. The remaining sixteen were located further afield in places such as Brentford, Croydon, and Kingston upon Thames. Within the town walls the majority of hospitals were almshouses or hospitals for the poor founded in the 15th or 16th century, with only six earlier hospitals, three for the poor or travellers and three for the poor sick. There were no leper hospitals founded within the town walls or immediately outside them. Seven of the hospitals located outside the walls were 12th or early 13th century foundations, and three were founded in the 16th century. Three of the early foundations outside the walls were dedicated to St. Mary the Blessed Virgin, and a fourth established within the town in the early 14th century was also dedicated to her. As there were not any leper hospitals in or around the town, it is not surprising that there were no dedications to St. Mary Magdalen or St. Leonard in this area. However, there was an early 14th century

leper hospital founded south of the Thames at Newington, which was jointly dedicated to both these saints. There was also a later 14th century leper house south of the Thames at Bermondsey, although it is not known to whom this hospital was dedicated. Three earlier hospitals were founded in the area south of the Thames during the late 12th or early 13th century, two of which were dedicated to St. Thomas the Martyr.

Five of the hospitals for the poor sick or travellers in Westminster and Holborn were founded by the early 14th century, and the only two leper hospitals in the area were founded in the 12th century. The three almshouses in Westminster and two more hospitals for the sick were founded in the late 15th or early 16th century. There were three hospitals in this area dedicated to St. Mary the Blessed Virgin, including one to the Assumption, but there were no dedications to St. Mary Magdalen or to St. Leonard. Instead, the leper hospitals of Westminster and Holborn were dedicated to St. James and St. Giles respectively. Most of the leper hospitals in this county were established around the periphery of London, including those at Enfield, Hackney, and Mile End, founded in the late 13th century, and Hammersmith, Highgate, and Knightsbridge, built in the late 15th century. Two of these were dedicated to St. Leonard and another was dedicated to St. Mary Magdalen. The only non-leper houses on the periphery were the 12th century hospital for poor sick and travellers at the gates of the Hospitaller preceptory in Clerkenwell, and the nearby 16th century Dyers' Almshouse. There were another two leper hospitals further afield at Ilford and Kingston upon Thames, the latter also being dedicated to St. Leonard. Of the other fourteen hospitals located some distance outside the town, half were founded between the mid-12th century and the early 14th century and half were founded between the late 14th and early 16th century. Two of the hospitals founded by the early 13th century were dedicated to St. Laurence, and in the early 15th century there were two hospitals dedicated to St. Loy.

Of all the hospitals in Greater London, only twelve (16.9%) were leper hospitals, and none were located in or around the town, the closest being situated over a kilometre to the south. Three of those were dedicated to St. Leonard, one was dedicated to St. Mary Magdalen, and another was dedicated to both, and there was also an almshouse dedicated to St. Mary Magdalen at Kingston upon Thames. By far the most popular saint was St. Mary the Blessed Virgin, to whom at least twelve hospitals were dedicated, including a

single leper hospital at Ilford. There were four hospitals dedicated to St. John the Baptist, three of which were built in the 15th or early 16th century, and three to St. Thomas the Martyr in the late 12th or early 13th century, and all seven of these were either almshouses or hospitals for the poor sick. This list of the most popular dedications in the county includes the top four saints in the country as a whole (see Appendix D), and another whose popularity in this area at the end of the 12th century is hardly surprising given that his death and canonisation occurred in the 1170s. There were a few other saints to whom two or three hospitals were dedicated, but the variety of dedications was such that there were at least twenty-six different saints that had one or more hospitals dedicated to them in Greater London.

The proportion of almshouses was fairly high (39.4%), but not unexpected in and around a large town. Most of the almshouses were founded between the late 14th century and the early 16th century, and over half of those were built within the town walls. Only six almshouses were founded before the early 14th century, but there were four leper hospitals founded after the late 14th century, as well as seven hospitals for the poor sick or travellers. There were no foundations at all, however, between 1330 and 1390. Where gender is concerned, there were more hospitals for men than there were for women, particularly before the early 14th century. The only hospital for women in this early period was the leper hospital of St. James in Westminster, although men were later admitted. During this same period there were six hospitals of all types that were founded specifically for men. After the 14th century, however, the only hospitals founded specifically for either sex were some of the almshouses, with four for men and two for women.

Hampshire (including Southampton, Portsmouth and Isle of Wight)

There were twenty hospitals in Hampshire, all founded by the early 14th century. Eight of those were leper hospitals, most of which were dedicated to St. Mary Magdalen, the only known exception being the hospital of St. Augustine on the Isle of Wight. There were three almshouses and nine hospitals that supported the poor, the sick or travellers, and half of all these non-leper hospitals were dedicated to St. John the Baptist, with another two dedicated to the Holy Cross. The only hospital dedicated to a saint other than

those already mentioned was God's House in Southampton, which was dedicated to St. Julian. The foundation of new almshouses evident in most other counties in the 15th and 16th centuries did not occur in Hampshire, although two of the 12th century hospitals in Winchester were refounded in the 15th century. One of those was the hospital of St. Cross, which was refounded by Cardinal Beaufort, half-brother to King Henry IV, as the Almshouse of Noble Poverty in 1445 (Warren, 1969, 9). At Southampton, an attack by French and Genoese raiders in 1338 had a lasting effect on the town. According to the chaplain of God's House, Geoffrey de Wynhale, 'all the goods in the town' were taken by the attackers who then proceeded to burn down the town. The hospital alone lost over fifty tenements in the town, and the rebuilding work on these was still ongoing almost a century later (Kaye, 1976, lii-lviii). The damage caused in the town was clearly substantial, and with the need for such a long and extensive rebuilding programme it is likely that there were insufficient resources available to embark on a campaign of founding new almshouses in the town.

Consequently, the proportion of almshouses founded in Hampshire (15.0%) was very low. The proportion of houses built for the leprous, however, was high (40.0%), and most of those hospitals lay along the triangle of routes between Southampton, London and Sandwich, near Canterbury. That triangle ran through all six counties and had leper hospitals strung out along most sections of it, with the exception of East Sussex. Consequently, the pattern of higher than average numbers of leper houses is also evident in most of the other counties in south-east England, apart from East Sussex and Greater London. The low percentage in the latter, however, was not due to a shortage of leper hospitals along the routes, but rather the high number of non-leper hospitals in and around the town of London. Almost all leper hospitals in Hampshire were dedicated to St. Mary Magdalen, with none dedicated to St. Leonard. St. John the Baptist was the most popular dedication for non-leper hospitals; there were also two hospitals dedicated to the Holy Cross. None of the hospitals in the county were dedicated to St. Mary the Blessed Virgin. Only two hospitals for the poor and sick were founded for men, with most admitting male and female inmates. There were none founded exclusively for women.

Kent (including Medway)

Kent had fifty-six medieval hospitals, including nineteen leper houses and fifteen almshouses. Most of the leper hospitals were founded by the early 14th century, with only two later foundations in the late 14th century and the 15th century. Seven of the almshouses were founded by the early 13th century and eight were founded from the late 14th century. There were six hospitals built specifically to support poor travellers, and another four that admitted travellers in addition to the poor sick. The majority of these were founded in the late 12th or early 13th century at a time when pilgrimages to the tomb of Thomas Becket were at their height. Only two other hospitals were founded after the early 14th century, but there were no known foundations between 1345 and 1380. In Canterbury, the majority of hospitals were founded by the early 13th century, the only later foundation being Maynard's Almshouse established in 1317. In total, there were only a dozen hospitals founded between the late 14th century and the early 16th century, two-thirds of which were almshouses.

There is little evidence of particular saints being associated with certain types of hospitals, although there were at least five, possibly seven, hospitals dedicated to St. John the Baptist, all for non-lepers and ranging in date from the late 11th century to the early 15th century. There were also seven hospitals founded by the early 14th century that were dedicated to St. Mary the Blessed Virgin, including a single leper hospital at Milton that was later refounded as an almshouse. Five hospitals were dedicated to St. Thomas the Martyr, four to St. Nicholas and three each to St. Bartholomew and the Holy Trinity, but all of these had a variety of leper and non-leper hospitals dedicated to them. The leper hospitals of Kent were dedicated to a number of different saints, with St. James being the only one with two dedications. St. Mary Magdalen and St. Leonard only had one dedication each in the 13th century. Two of the three hospitals dedicated to the Holy Trinity were founded in the late 14th and 15th centuries, as were two of those dedicated to St. John the Baptist. Although the database reveals that the late tradition of almshouse founding did occur in Kent, it does not appear to have been carried out with the same fervour seen in many other regions, and in Canterbury the only 'late' almshouse was founded at the beginning of the 14th century. The majority of foundations were

established for both male and female inmates, with only two hospitals exclusively for men and just one for women, all established in the late 12th or early 13th century.

Surrey

There were only six medieval hospitals in this county, five built between the mid-12th century and the early 13th century, and the other built in the 15th century. Two of the three almshouses were 12th century foundations, with the other founded in the 15th century, and both leper hospitals were founded around the beginning of the 13th century. There was a single dedication to St. Mary the Blessed Virgin in the 13th century and single dedications to St. Thomas the Martyr, St. James, and the Holy Cross, all by the early 13th century. There were, however, no known dedications to St. John the Baptist, St. Mary Magdalen or St. Leonard. One of the early almshouses was specifically for men, but the other two admitted women also. The sex of the inmates in the other three hospitals is unknown. There were no foundations between 1240 and 1430.

West Sussex

Fifteen of the hospitals in West Sussex were built in the 12th or 13th century, with another two added in the following century, both of which were almshouses. Three of the earlier hospitals were also almshouses, but only two were hospitals for the poor sick or travellers. There were nine leper hospitals, three dedicated to St. Mary Magdalen and another three dedicated to St. James, and another hospital of unknown function. Four of the leper hospitals were located around Chichester, including the hospital of SS James and Mary Magdalen situated outside the east gate, and the hospital of St. Mary Magdalen at Westhampnett, about two kilometres east of the town. At least three of the non-leper hospitals were dedicated to St. Mary the Blessed Virgin, but there was only a single dedication to St. John the Baptist and none to St. Leonard.

The proportion of leper hospitals in West Sussex (52.9%) is the highest in south-east England, mainly due to the cluster of 12th and early 13th century houses around Chichester. The most popular dedication for non-leper hospitals was St. Mary the Blessed Virgin to whom a 12th century hospital for the poor sick and travellers and two 13th century almshouses were dedicated, and St. Mary Magdalen and St. James were equally

popular with leper houses during the same period. The only hospital dedicated to St. John the Baptist was unusually for lepers, but there were no dedications to St. Leonard. Two of the leper hospitals were for men and one was for women, and one of the two late 14th century almshouses was for men, but the sex of the inmates at many of the other hospitals in the county is uncertain. There appears to have been a decline in the foundation of hospitals between about 1280 and 1390, the only possible foundation during that period being the almshouse of St. Catherine in Shoreham, which was built by 1366.

ix) North Scotland

Twenty-six of the fifty-five hospitals in northern Scotland were founded by the early 14th century, and a further twenty-four between the end of the 14th century and the middle of the 16th century. There were also three mid-14th century foundations, as well as an almshouse and a leper hospital for which the foundation dates are not known. With the exception of hospitals for travellers, there is no apparent distinction in the type or function of those hospitals founded before the mid-14th century and those founded after the mid-14th century. All but one of those that catered for wayfarers were 12th or early 13th century foundations, the other being the short-lived hospital of St. Catherine in Perth, which existed in the early 16th century. In comparison to England, only a small percentage of hospitals in Scotland admitted lepers. There were only ten such hospitals in the north of Scotland, although they continued to be founded into the 16th century. Unlike most areas of England, there were as many leper hospitals founded from the late 14th century to the mid-16th century as were founded by the early 14th century, emphasising the longevity of the disease in this region. This parity between the number of early and late foundations was mirrored in the almshouses of this region, where there were at least five built by the early 14th century compared to six in the following two centuries. Dedications of leper hospitals and almshouses varied, with no identifiable association between particular saints and these types of hospital.

The four saints most commonly associated with hospitals in England were also evidently popular in northern Scotland. There were four hospitals dedicated to St. John the Baptist between the late 13th century and the early 15th century, and St. Mary the Blessed Virgin was equally as popular, particularly in the 13th century and almost

exclusively in association with hospitals for the poor. The two hospitals known to have been dedicated to St. Mary Magdalen were also hospitals for the poor, rather than hospitals for lepers with whom this saint was usually associated in England and Wales. Similarly, none of the three hospitals dedicated to St. Leonard were leper hospitals. The dedications of seven of the ten *leprosaria* are unknown though, so it is impossible to comment on which saint(s), if any, were most favoured at such institutions, particularly as the three known dedications all differed from one another. The early 13th century leper hospital at Rathven in Moray was dedicated to St. Peter, as were two other hospitals in the region, one for sick brethren in Aberdeen and the other an almshouse for the poor in Stirling. The only other saints to have more than one hospital dedicated to them were James, Nicholas, Catherine and Anne, with the two dedicated to St. Nicholas being early foundations and those dedicated to St. Anne being late. There were no other apparent similarities between these hospital dedications. There were only ten hospitals where the gender of the patients cared for is known. Four of these were for men and one was for women, whilst the other five admitted both or either sex. There were no known hospitals in this region that were founded for more than thirteen patients.

Aberdeenshire (including Aberdeen)

Five of the nine hospitals in medieval Aberdeenshire were founded between the end of the 12th century and the early 14th century. The first four foundations were almshouses or hospitals for the poor or sick, and the fifth was a leper hospital founded at Aberdeen by 1333. The four later foundations consisted of the hospital of St. Thomas the Martyr, founded at Aberdeen in 1459 for the care of the poor sick, two 16th century almshouses, also at Aberdeen, and a 16th century leper hospital at Banff. Two of the 13th century hospitals were dedicated to St. Mary, as was one of the 16th century almshouses, but there were no hospitals dedicated to St. John the Baptist or St. Leonard. Other saints dedicated at hospitals in this county included St. Peter in the 12th century and St. Anne in the 16th century. Unfortunately the dedications of the two leper hospitals are not known.

The proportion of almshouses in Aberdeenshire was high (44.4%), and included two 13th century foundations and two 16th century foundations, the latter two established in Aberdeen. The leper houses and the hospitals for the poor sick were also equally split

between the early centuries and the later centuries, and the only hospital for the poor was founded in the 13th century. Three of the four later foundations, including both almshouses, were in Aberdeen, indicating that the late almshouse tradition seen in some of the larger towns of England was also taking place in Scotland, albeit starting a little later. There was a lengthy break in the foundation of new hospitals in this county stretching from about 1335 to 1450, with no new hospitals built and none of the older ones refounded during this period. The most popular saint in the county was St. Mary, though whether the dedications referred to the Blessed Virgin or to Mary Magdalen is uncertain. The three hospitals dedicated to this saint were almshouses or hospitals for the poor, which would normally indicate that the dedications were to the Blessed Virgin. In Scotland, however, there were almost as many non-leper hospitals dedicated to St. Mary Magdalen as there were to St. Mary the Blessed Virgin, so the identification of the dedications in Aberdeenshire is more difficult. Male inmates were favoured in the earlier foundations, with at least three hospitals built specifically to care for men, but none for women only. This appears to have changed in the later centuries when an almshouse for men and another for women were founded in Aberdeen around the same time.

Angus (including Dundee)

There were eleven hospitals in Angus in the medieval period, including two for lepers, two almshouses and three for the poor. There were another four of uncertain type, but two of those were dedicated to St. John the Baptist and are therefore likely to have been non-leper hospitals, as there were no known leper hospitals dedicated to him throughout Scotland. Another was St. Anthony's in Dundee founded in the 15th century and run by the Order of St. Anthony de Vienne. The only other Scottish hospital dedicated to this saint was the hospital for the poor sick at Leith, also founded in the 15th century and run by the same order, and it seems likely that the Dundee hospital was also for the sick. There were four foundations in the late 12th or 13th centuries and six founded in the late 14th or 15th centuries, but the only possible foundation between 1240 and 1390 was that of St. John the Baptist in Arbroath which was established by 1352. Only one of the later hospitals was an almshouse, and another was a leper house founded at the east end of Dundee by 1498. Three hospitals were dedicated to St. Mary the Blessed Virgin,

including the 13th century leper hospital at Montrose, which was refounded as a hospital for the poor in the 16th century. There were two hospitals dedicated to St. John the Baptist, and a 15th century hospital for the poor dedicated to St. Mary Magdalen, but there were no hospital dedications to St. Leonard.

It is difficult to comment on the proportions of the various types of hospital in Angus, due to the number of hospitals of an uncertain function. However, if the theories above about what type of hospitals some of those are likely to have been are correct, then the resulting percentages would be similar to those found in Aberdeenshire. The type and number of hospitals founded before the mid-14th century were similar to those founded later, except in the town of Dundee where all four hospitals were late foundations. The most popular dedication was to St. Mary the Blessed Virgin, although St. John the Baptist was also popular. There is no evidence to indicate whether or not there was a preference towards male or female inmates in the medieval hospitals of Angus.

Fife

At least half of the ten hospitals in Fife were founded in the 12th century, with another two founded in the late 13th century or early 14th century. There were two late 15th century foundations, but the date of the almshouse of St. Leonard in Dunfermline is uncertain. There were three almshouses in Dunfermline, including an early 14th century foundation, and a 15th century foundation, but there were no other almshouses in the rest of the county. The only leper house in Fife was the hospital of St. Nicholas at St. Andrew's founded in the 12th century, and there were three hospitals for the poor and travellers established in the same century. There were two hospitals for the poor and another of uncertain function, although the latter hospital at Inverkeithing was run by the Premonstratensian abbey of Dryburgh. Other hospitals run by this abbey were almshouses or hospitals for the poor sick, and reference to a sickman's yard in the 16th century (Cowan & Easson, 1976, 182) suggests that it was the poor sick that were cared for at Inverkeithing too. In addition to the Dunfermline almshouse dedicated to St. Leonard, the hospital founded at St. Andrew's in the 12th century for the poor and travellers was also dedicated to him. There was a single hospital dedicated to St. John the

Baptist, founded at Uthrogle in the 13th century for the care of the poor, but there were no known dedications to St. Mary the Blessed Virgin or to St. Mary Magdalen.

The proportion of almshouses in Fife was fairly high (30.0%), although none were founded outside Dunfermline. There was also a high proportion of hospitals for travellers (30.0%), all founded in the 12th century and mainly located at ferry points on the north side of the Firth of Forth. The foundation of hospitals ceased around 1330 and did not start again until around 1460. There is limited evidence regarding the inmates, but at least one, and probably all, of the hospitals for travellers admitted men and women, as did the almshouse of St. Leonard in Dunfermline. The leper hospital at St. Andrew's became a hospital for the 'poor folk' (i.e. no gender specified) in the 15th century, presumably indicating that men and women were both admitted, and two more early hospitals were also refounded in the later period, one as an almshouse for men and the other as a hospital for women. Although inconclusive, the evidence does suggest that neither sex was favoured with more access to institutions than the other.

Highland (including Orkney)

There were only four known hospitals founded in this most northerly part of Scotland. The three in the Highlands were founded between the end of the 13th century and the mid-14th century, including the hospital of St. John the Baptist at Helmsdale and the hospital of St. Magnus the Martyr for the poor in Caithness. The only hospital on Orkney was founded at Kirkwall in the 16th century. Unfortunately, little else is known about the hospitals in this region.

Moray

There were only five hospitals founded in Moray in medieval times. The leper hospital of St. Peter at Rathven, and the two hospitals founded at Boham and Elgin for travellers and the poor respectively, were all founded in the early 13th century. There were also two later leper houses, the first founded at Elgin in the late 14th century and the second founded at Forres in the 16th century. The hospital for the poor at Elgin was dedicated to St. Mary, and the hospice for poor travellers at Boham was dedicated to St. Nicholas, but there were no hospital dedications to St. John the Baptist or St. Leonard.

The continued foundation of leper hospitals in later centuries is a situation that is also evident in other areas of northern Scotland, although the high proportion of this type of hospital in Fife (60.0%) is no doubt a product of the very small number of non-leper hospitals founded in this county. None of the hospitals were founded between 1240 and 1390; little is known about the sex of the inmates admitted to the hospitals.

Perth & Kinross

There were eleven hospitals founded in Perth and Kinross in the medieval period, five founded by the early 14th century and another five founded in the 15th and 16th centuries. The foundation date of the only leper hospital in the county is not known. There were eight hospitals for the poor, the sick, or travellers, but no known almshouses, although the function of two of the early hospitals remains uncertain. The dedication of the leper hospital is unknown, and there is no dedication known for the hospital founded at Methven in 1550. The remaining nine hospitals were all dedicated to different saints, although St. John the Baptist was not amongst those venerated in this county.

The high proportion of hospitals for the poor (45.5%), but the total lack of any almshouses suggests that concern for the poor was just as prominent in Perth and Kinross as it was in the other counties of this region, but that almshouses were not a popular institution. Although the numbers are small, the lack of almshouses in Highland Scotland and Moray suggests that the spread of this type of establishment may never have reached north-western Scotland. There were as many hospitals founded to support the poor in the 15th and 16th centuries as there had been before the Black Death, but there were no new hospitals built between 1330 and 1430. As with most of the other counties in northern Scotland, the evidence for the sex of the inmates admitted into the hospitals is sadly lacking in Perth and Kinross.

Stirling

There were only five medieval hospitals in the county of Stirling, all of which were in the town of that name. The first to be founded was the early 13th century hospital of St. James, which was located at the end of the causeway of the bridge of Stirling (Cowan & Easson, 1976, 193). The only other two hospitals in Scotland that were

dedicated to this saint were both hospitals for the poor, and this may have been the case at Stirling, although its location suggests that it may have provided for poor travellers too. The other four hospitals were founded in the late 15th or early 16th century, and included three almshouses or hospitals for the poor. The other was a leper hospital located at the east end of the town, but there were no hospitals founded between 1230 and 1460. One of the almshouses was dedicated to St. Peter, but none of the hospitals were dedicated to any of the four most popular saints in the country (i.e. St. Mary the Blessed Virgin, St. John the Baptist, St. Mary Magdalen and St. Leonard).

Other Counties

There were no known medieval hospitals on Shetland, the Western Isles, or in Argyll and Bute on the west coast, nor were there any in the small county of Clackmannanshire located between Fife and Stirling.

x) South Scotland

There were ninety-two hospitals founded in southern Scotland in the medieval period, including twelve leper houses, twenty-six hospitals for the poor, sick or travellers, and twenty-eight almshouses. The function of the other twenty-six hospitals, however, is uncertain. Although there were eight almshouses founded by the early 14th century in the south of Scotland, the majority were founded between the late 14th century and the early 16th century. This was more in keeping with most regions of England rather than north-east Scotland, where there were as many early almshouses as there were late almshouses, or north-west Scotland where there were none at all. However, there were more leper hospitals founded in the late 14th and 15th centuries than in the preceding centuries, a trend seen in the north of Scotland but not in England or Wales. As with the north of the country, leper hospitals only made up a small percentage of the total number of medieval hospitals in the south. Apart from the almshouses, there was little difference in the number or type of hospitals founded before and after 1350, although very few new foundations were made between 1340 and 1380.

Some patterns in the medieval hospital dedications in this region are evident. Three of the six known leper hospitals founded by the end of the 14th century, for

example, were dedicated to St. Mary Magdalen, and there were two leper hospitals dedicated to St. Ninian, both of which were certainly founded by the end of the 15th century but may have been founded in the late 14th century. The first five almshouses in this region, founded in the late 12th and early 13th centuries, were all dedicated to St. Leonard, as was the early 16th century foundation at Fairnington. The four almshouses dedicated to St. Mary the Blessed Virgin and the two dedicated to St. John the Baptist were all founded between the late 14th century and the early 16th century, and there were two hospitals for the poor sick dedicated to the Blessed Virgin in the same period. In addition to the six almshouses dedicated to him, there were another six hospitals dedicated to St. Leonard, although the type of inmates admitted by most of those is unknown. As well as the three leper hospitals dedicated to St. Mary Magdalen there were five other hospitals dedicated to her, most of which were almshouses or hospitals for the poor. Other popular dedications included the Holy Trinity, with four almshouses and hospitals for the poor and travellers so-named, and St. Thomas the Martyr, to whom a 12th century leper hospital, a 15th century hospital of unknown type, and an early 16th century almshouse were dedicated. Of the twenty-three hospitals where the gender of the inmates admitted is known, only the 15th century almshouse of St. Mary the Blessed Virgin in Edinburgh was specifically founded for women (Cowan & Easson, 1976, 177). There were thirteen founded to care for men, whilst the other nine admitted both men and women.

Dumfries & Galloway

There were six hospitals in Dumfries and Galloway, including an almshouse, a leper hospital, a hospital for the poor and another for the sick. The type of inmates admitted to the other two is uncertain, but the 12th century hospital at Cree was run by the Cistercian abbey of Dundrennan (Cowan & Easson, 1976, 173) and is therefore unlikely to have been a leper hospital, as there were apparently no such hospitals run by this order, although the secular firmary at Strata Florida in Wales did care for the leprous as well as the non-leprous sick. Three of the six hospitals were founded in the late 12th or early 13th century, including the leper hospital of St. Thomas the Martyr at Harlaw. The poor hospital of St. James at Trailtrow and the almshouse of St. John the Baptist at Holywood

were both founded by the mid-14th century, and the hospital for the infirm at Wigtown was founded in the 16th century. The hiatus of hospital foundations evident in other areas from about the 1330s does not seem to have started until a few decades later, but after 1370 there were no new hospitals built until the middle of the 16th century. No saint enjoyed any great popularity in the county with regard to hospitals, and there were no dedications to St. Mary the Blessed Virgin, St. Mary Magdalen, or St. Leonard. The almshouse of St. John the Baptist at Holywood was founded specifically for men, but there is no evidence from any of the other hospitals in this county.

East Lothian

Nine of the fourteen hospitals in East Lothian were established by the mid-14th century and five were founded between the late 14th and early 16th century. The only two leper hospitals in the county were amongst the later foundations, as were two almshouses and a hospital for the poor sick. The earlier hospitals comprised an almshouse, three hospitals for the poor, a hospice for the poor and travellers, and four others of uncertain type. One of the latter four was run by the Trinitarians at Houston and was therefore unlikely to have been a leper hospital, but there are no clues as to the possible function of any of the others. At least two hospitals were dedicated to St. Mary the Blessed Virgin, including the 15th century hospital at Dunglass jointly dedicated to St. John the Baptist, but there were no dedications to St. Leonard. The 14th century leper hospital at Musselburgh was dedicated to St. Mary Magdalen, but the dedication of the 15th century leper house at Haddington is unknown. St. Mary the Blessed Virgin was slightly more popular than any other saint, with at least two dedications, and possibly three if the early 14th century hospital of St. Mary at Haddington was named in reference to her rather than Mary Magdalen. There is little evidence for a pause in hospital building in the 14th century, with two new foundations erected in the 1340s. A short break between about 1350 and 1380 is possible, but this was not on the scale of the decline apparent in most other counties. Two of the early hospitals were for both male and female inmates, and one of the later almshouses was founded for men, but there is no information about the inmates at the other hospitals.

Midlothian (including Edinburgh)

There were seventeen hospitals in Midlothian, including the largest Scottish hospital at Soutra, which held about three hundred inmates. There were six almshouses and seven hospitals for the poor, sick or travellers, but the only hospital for lepers was a 15th century foundation at Edinburgh. The type of inmates cared for at three of the Edinburgh hospitals is uncertain, although one was dedicated to St. John the Baptist, and the other two were 16th century foundations, one located in the churchyard of St. Giles and the other attached to the church of St. Mary in the Fields which became collegiate in 1511. It is therefore likely that the hospital of St. John was for non-lepers, and that the two 16th century foundations were both almshouses. The majority of all hospitals were founded between the late 13th century and mid-16th century, with only two earlier foundations, one of which was the 12th century hospital at Soutra. The great size of this hospital may have been sufficient to fulfil the needs of a large area, hence the small number of other hospitals in this county and the neighbouring counties of East and West Lothian in the 12th and 13th centuries. In the hundred years following the foundation of the hospital at Soutra in 1164, there were only two more hospitals built anywhere in Lothian. In Edinburgh there were ten medieval hospitals, most founded between the late 14th century and the mid-16th century. The only earlier hospital was the almshouse of St. Leonard founded by 1239, and at least four, possibly six, of the later hospitals were almshouses, which was on a par with some of the larger towns in England. Consequently, the proportion of almshouses was high in Midlothian (at least 35.3%), but with only a single foundation the proportion of leper hospitals was very low (5.9%).

As in East Lothian, the most popular dedication was St. Mary the Blessed Virgin, although the Holy Trinity was also popular in this county, particularly in association with hospitals for the poor and travellers. Three of the almshouses and a hospital for the poor sick and travellers were dedicated to St. Mary the Blessed Virgin, and there were two dedications each to St. John the Baptist and to St. Leonard. There was a single dedication to St. Mary Magdalen, which was a 16th century hospital for the poor sick in Edinburgh, but the dedication of the only leper hospital is unknown. There was a hiatus of hospital foundations between about 1340 and 1390, although the number of early foundations in this county was particularly low probably due to the size of the hospital at Soutra. One of

these earlier hospitals was founded for men and the other was for both sexes, and at least six of the later hospitals were for men compared to only one for women, indicating that poor and sick men were better provided for than women. The sex of the inmates admitted into the only leper house is not known.

North Lanarkshire (including Glasgow)

There were seven hospitals in North Lanarkshire and, as in Midlothian, the majority were late foundations. The earliest hospitals were a 12th century hospital for the sick at Crookston and the 13th century almshouse of St. John at Polmadie, but the rest were founded in the 15th or early 16th century, including the leper hospital of St. Ninian in Glasgow founded by 1485. The decline in new foundations in the 14th century is apparent here, with no foundations between 1290 and 1410. There were three almshouses or hospitals for the poor amongst the later foundations, but the function of St. Mary Magdalen's Hospital at Pollok is unknown. Two of the three hospitals in the town of Glasgow were dedicated to St. Nicholas, both of which were for the care of the poor, but there were no hospital dedications to either St. Mary the Blessed Virgin or St Leonard in the county. The early almshouse was for both male and female inmates, as was the only leper hospital, but the late almshouse was founded specifically for men. The sex of the inmates cared for at the hospitals for the poor and sick is unknown.

Scottish Borders

There were twenty-nine hospitals founded in the Scottish Borders in the medieval period, although the function of eleven of those is uncertain. Eight of the others were almshouses and seven were for the poor sick, and the remaining three were houses for lepers. Nineteen hospitals were founded between the mid-12th century and the early 14th century, and eight more were founded in the 15th and 16th centuries. There were no known foundations between 1320 and 1420, although the foundation dates of the hospitals at Ancrum and Nenthorn are not known. Two of the three leper hospitals were founded by the early 14th century, as were all the known hospitals for the poor or sick and most of those of an uncertain function. The last leper hospital to be built was that of St.

Mary the Blessed Virgin at Ruleford founded by 1426, and at least four of the other later hospitals were almshouses.

There were four hospitals dedicated to St. Mary Magdalen by the early 14th century, although the only one known to have cared for lepers was the 12th century hospital at Legerwood. Five almshouses or hospitals for the poor or sick were dedicated to St. Leonard, four founded between the late 12th and early 14th century and the other founded by the early 16th century. There were two dedications to St. Mary the Blessed Virgin, including the hospital for the poor sick and old at Rutherford which was later referred to as the hospital of St. Mary Magdalen. There were two late 13th century dedications to St. John, including the hospital at Roxburgh dedicated to John the Evangelist. The hospital of St. John at Hutton may have referred to John the Baptist, but there were no other dedications to this saint. Apart from the above, the only other known saint associated with a hospital in the Scottish Borders was St. Peter at Roxburgh.

St. Leonard and St. Mary Magdalen appear to have been the most popular dedications for hospitals in this county, particularly in those founded before the early 14th century. The only possible suggestion, albeit a slight one, of the later tradition of almshouse foundations is in Peebles where two such establishments were built. There were only two other late almshouses in the county, but no other town had more than one such hospital. At least seven of the hospitals near the border with England were wholly or partially destroyed by the English attacking forces in the mid-16th century (Cowan & Easson, 1976), highlighting the volatility of this area. Peebles, however, is located in the north-west of the county, and its greater distance from the border may explain why there were more late almshouses founded here than elsewhere. Peebles came under attack twice during the 15th and 16th centuries, but it was not until 1570 that the town administrators felt the need to have a defensive wall built (Dixon *et al*, 2002, 58). Two of the early foundations were built specifically for men and there were no known foundations for women, but as with many other Scottish counties the evidence is far too insubstantial to draw any meaningful conclusions.

South Ayrshire

There were only four medieval hospitals in South Ayrshire, including two leper hospitals and an almshouse. The function of the hospital of St. Leonard in Ayr is uncertain, but as none of the other fourteen Scottish hospitals dedicated to this saint were for lepers, it is highly likely that the Ayr hospital was also a non-leper hospital, possibly an almshouse. Three of the hospitals were founded in the 15th century and the leper hospital of St. Ninian at Kingcase was also recorded in the mid-15th century, but according to tradition St. Ninian's was founded in the early 14th century by Robert I (Cowan & Easson, 1976, 183; MacLennan, 2003, 39). The almshouse was founded for men, but the gender of the inmates admitted into the other three hospitals is unknown. If the founder of St. Ninian's at Kingcase was indeed Robert I, then a hiatus between about 1330 and 1400 is possible, although with so few hospitals founded in the county the evidence is insufficient to make any firm conclusions.

South Lanarkshire

Two of the eight hospitals in South Lanarkshire were founded in the 13th century and the other six were founded in the 15th or 16th century, with no known foundations between about 1330 and 1400. At least three of the later foundations were almshouses, as was the 13th century hospital of St. Leonard at Lanark, but the functions of the other four hospitals in this county are not known. The other 13th century hospital, located at Torrance, was also dedicated to St. Leonard, as were two of the 15th century hospitals. The only other known dedication was to St. Thomas the Martyr at Hamilton in the 15th century. Clearly St. Leonard was very popular in this county, with at least four of the eight hospitals dedicated to him. With the majority of hospitals dedicated to him throughout Scotland being almshouses, it is probable that the three hospitals of uncertain function that were dedicated to him in South Lanarkshire were also almshouses. The hospital of St. Thomas at Hamilton was attached to a collegiate church, which suggests that this hospital may also have been an almshouse.

At least half of the hospitals in this county were almshouses, but it is quite possible that all eight were almshouses. The hospitals were all located in the north of the county along a five mile wide swathe of land running from west to east, with Glasgow

and Peebles just beyond the borders at either end. Within this fifty mile long narrow stretch of land there were at least five definite and four probable almshouses founded in the 15th and 16th centuries, with three earlier foundations in the 13th century. The reason for so many foundations in this area is unclear, but the importance of Glasgow and Peebles may have played a part. In the 13th century, Glasgow became a major ecclesiastical centre with the construction of its cathedral, and Cross Kirk in Peebles was a popular pilgrimage destination. Furthermore, Peebles was a royal centre and was an important crossing point over the River Tweed at a point where two major routes converged. In the 15th century, Glasgow's importance increased following receipt of a royal charter, the founding of the university, and its elevation to an archbishopric, whilst the growth of Peebles necessitated its division into four distinct quarters in 1466 (Lewis, 1846, 479; Dixon *et al*, 2002, 58). Apart from the four other hospitals at Glasgow and Peebles, the only hospital within twenty miles of this 'almshouse belt' was the 15th century hospital for the poor at Shotts, just a few miles across the border in North Lanarkshire.

West Dunbartonshire

The earliest of the four foundations in this county was the hospital for the poor and travellers at Old Kilpatrick built c.1173. Almost three centuries then passed before the next foundation c.1454. This was an almshouse in Dumbarton, and was followed shortly after by a leper hospital in the same town and finally a hospice for travellers at Geilston in the 16th century. None of the medieval hospital dedications are known for this county. The almshouse and the leper hospital admitted both male and female inmates, and this was presumably the case at the two hospices for travellers, thus indicating that no prejudice was shown towards either men or women in the few hospitals founded in West Dunbartonshire. Hospitals specifically for travellers were scarce in Scotland, and so two in one county was highly unusual, especially in a county with only four hospitals in total. Their location along the north shore of the Firth of Clyde suggests that they may have been built near to ferries, as those along the Firth of Forth in Fife and East Lothian had been.

West Lothian

There were only three medieval hospitals in West Lothian, all located at Linlithgow. The earliest foundation was the leper hospital of St. Mary Magdalen, founded by 1335, and the other two hospitals were both 15th century almshouses, one of which was dedicated to St. Mary the Blessed Virgin.

Other Counties

No medieval hospitals are known to have been founded in the counties of East Dunbartonshire and Falkirk, both located just north of Glasgow, nor are any known in the western counties of Inverclyde, Renfrewshire, East Renfrewshire, North Ayrshire and East Ayrshire.

xi) North Wales

With only eleven known foundations in total, there were far fewer medieval hospitals here than in any other region of England, Scotland or Wales. At least six were for travellers, with one leper hospital and another hospital for the sick. There was also an almshouse founded by King Edward at Rhuddlan in Denbighshire in 1279 as part of the new town he was building at that time (Cule, 1977; Beresford & St. Joseph, 1979, 232), but the function of the other two hospitals is unknown. There were no hospitals known to have been founded after the 14th century, although the foundation dates of four are unknown. Five of the other six hospitals were founded in the late 12th century or 13th century, and the other, the hospital of St. Mary the Blessed Virgin at Egryn in Conwy, was founded by 1391 (Knowles & Hadcock, 1994, 320).

At least three of the hospitals were founded and run by the Hospitallers for travellers, and the almshouse founded by Edward I at Rhuddlan in Denbighshire may have been run by the Templars (Cule, 1977). Not surprisingly there were at least two dedications to St. John, but the only other known dedications are the hospital of the Holy Ghost at Snowdon, and the hospital of St. Mary at Egryn mentioned above. Apart from the Orders of Knights, the only other order known to have run hospitals were the Cistercians. The monks of the abbey at Strata Florida ran the Ffarm House, located outside the gates of their abbey, which admitted lepers as well as sick brethren (Cule,

1977), and a hospice for travellers and pilgrims on their grange at Ysbyty Ystwyth (Knowles & Hadcock, 1994, 126). Neither the number nor gender of the inmates admitted by any of these hospitals is known in most cases, although bearing in mind who ran many of them it is likely that most were small foundations primarily for men, with the possible exception of those founded for travellers.

The small number of hospitals in the region may indicate a different attitude shown towards the poor and the sick by the Welsh nobility and other traditional founders of hospitals. The only hospital in the north known to have been erected by a Welsh noble was at Egryn in Gwynedd in the late 14th century, although the founders of four of the hospitals are unknown. They may have had a lower regard for the sick or had insufficient funds to finance hospitals, or they may simply have not seen the need for such institutions. In England and Scotland, hospitals were often regarded as a lasting memorial to the founders and beneficiaries, but in Wales this view may not have been widely accepted. In 'Celtic' society it was often the role of the bards to glorify the names of their nobles, usually in return for some kind of financial support from them, and such an arrangement continued throughout the medieval period in Wales. More than half of the hospitals in north Wales were founded by an Order of Knights, either the Hospitallers or the Templars, or by the Cistercians, and most were for travellers. The motive behind their foundation was clearly practical rather than being spiritually beneficial to the founders, although the religious nature of the founders cannot be denied.

Welsh towns and settlements tended to be smaller than those in England and Scotland, and the more dispersed nature of the population may also have been a contributory factor in the small number of hospitals founded in Wales. Finding enough inmates to keep even a small hospital full permanently may have been difficult, whereas providing shelter for travellers would have been necessitated by the rural environment and the social dispersement. However, it was not the Welsh nobility who financed the hospices for these travellers directly, but the religious orders renowned for endowing such institutions. Although originally sponsored by the Normans, however, by the time these religious orders began building hospices in Wales in the late 12th century they were being supported by the Welsh, who were granting them land on which to construct their buildings (Rees, 1947, 63; Cule, 1977). Although the Knights Hospitallers provided for

travellers, they were not generally concerned with founding hospitals for the sick or for lepers. The monks of Strata Florida ran a secular infirmary for the sick and leprous though, and it is possible that other Cistercian monasteries also provided care and sustenance for the poor and sick on a less institutional level, either at the gates of the abbey or in a lay infirmary within the precinct, rather than in specially built hospitals outside their walls.

Ceredigion

Four of the five hospitals in Ceredigion were founded to provide shelter for travellers, with the other caring for the sick and leprous. The latter was the secular infirmary located outside the abbey of Strata Florida and run by the Cistercians. The Cistercians also ran one of the hospices for travellers, and there were another two hospices in the county that were run by the Hospitallers. None of the hospitals are known to have been founded after the late 13th century, and none of the dedications are known with certainty, although there is a strong likelihood that the two Hospitaller establishments would have been dedicated to St. John. Dedications are known for seventeen other hospitals that were run by this order, and twelve of those were dedicated to St. John. The two hospitals run by the Cistercians may have been dedicated to St. Mary the Blessed Virgin, as this was the favoured dedication chosen at most abbeys of this order (Knowles & Hadcock, 1994, 110).

Conwy

The only hospital in Conwy was the hospice founded by the Hospitallers on the estate of Dolgynwal at Ysbytty Ifan at the end of the 12th century. It later became a preceptory and was merged with the preceptory at Halston by 1338 (Knowles & Hadcock, 1994, 308).

Denbighshire (including Wrexham)

There were only two hospitals founded in Denbighshire in the medieval period. The almshouse located at Rhuddlan was founded in 1279 by King Edward I and possibly

run by the Knights Templars (Cule, 1977). The leper hospital at Wrexham was the only leper hospital in the north of Wales, but the date of its foundation is unknown.

Gwynedd

There were two hospitals in Gwynedd, the first being founded at Snowdon in the 13th century. The second was the hospital of St. Mary the Blessed Virgin at Egryn, founded in 1391 by Gruffydd ap Llewelyn ap Cynwrig for the poor and travellers (RCAHMW, 1921, 46-7).

Powys

The only medieval hospital in Powys was at Llanspyddid, although little is known about its foundation or the inmates it served.

Other Counties

There were no known medieval hospitals founded on Anglesey or in Flintshire.

xii) South Wales

There were more than twice as many medieval hospitals in the south of Wales as there were in the north, although the number was still less than in any region of England and Scotland. The majority of the twenty-eight hospitals were founded by the early 14th century, with only three later foundations around the early 15th century, but there were no new hospitals built between about 1335 and 1400. All the known leper hospitals were founded by the early 14th century, and those for travellers were all founded by the end of the 13th century, but there were no known almshouses in the region. There were six leper hospitals, the first founded in the 12th century and the others founded in the 13th century or early 14th century. The dedication of the 12th century leper hospital is unknown, but the five later foundations were all dedicated to St. Mary Magdalen. Of the thirteen hospitals for the poor sick and travellers, at least two were dedicated to St. John the Baptist, and another was dedicated to St. Mary the Blessed Virgin, but the dedication of most of the others is not known. The function of nine of the hospitals in this region is uncertain, although the locations of many of these and the orders that ran them suggest that they

were probably established to care for pilgrims and wayfarers or the poor and sick. Few, if any, are likely to have been leper hospitals.

There were more hospitals in this region dedicated to St. Mary Magdalen than to any other saint, and all five were leper houses. There were at least three dedications to St. John the Baptist, and the hospital of St. John at Monmouth may also have referred to the Baptist. The only dedication to St. Mary the Blessed Virgin was at the hospital for the poor sick, travellers and clergy at Llawhaden, which was dedicated to SS Mary, Thomas the Martyr and Edward the Confessor. None of the hospitals in the region, however, were dedicated to St. Leonard. Two of the three hospitals founded around the early 15th century were dedicated to St. Michael the Archangel, with the other being dedicated to St. Giles. The only other known hospital dedications were to St. David and to the Holy Trinity. As with the hospitals in the north, very little is known about the gender or number of inmates admitted into the hospitals in this region.

Carmarthenshire

The only hospital in Carmarthenshire was the hospice for the poor and travellers run by the Augustinian priory of SS John the Evangelist and Teulyddog. The foundation date of the hospice is uncertain, but the priory was established in 1127 (Knowles & Hadcock, 1994, 152), so the hospice is also likely to have been founded in the 12th century.

Monmouthshire

All but one of the eight hospitals in Monmouthshire were founded by the early 14th century. The exception was the hospital of St. Michael the Archangel at Dixon founded for the care of the poor sick by 1427 (Bannister, 1917, 102-3), but this is the only hospital founded after 1332. The only known leper hospital was the hospital of St. Mary Magdalen founded at Usk by 1316, although the function of four of the eight hospitals is not known. One of those was run by the Cistercians though, and is therefore unlikely to have been a leper hospital. There was at least one hospital dedicated to St. John the Baptist, located at Llansoy, with a 13th century foundation at Monmouth known as the hospital of St. John, presumably referring to John the Baptist too. There was

another 13th century hospital founded at Monmouth, dedicated to the Holy Trinity, but there were no known dedications in Monmouthshire to St. Mary the Blessed Virgin or to St. Leonard.

Neath Port Talbot (including Bridgend, Cardiff & Swansea)

The majority of the eight hospitals were founded by the early 14th century, the only possible exceptions being the hospital of St. Giles at Neath, which was founded by 1400, and the hospital at Newcastle in Bridgend, founded in the late 15th century or early 16th century. There was a possible hiatus of new foundations between about 1335 and 1400, although the hospital of St. Giles may have been an earlier foundation. There were two leper hospitals, the first built at Kenfig in Bridgend in the late 12th century and the other founded at Cardiff, possibly during the reign of King Richard II in the late 14th century (Richards, 2000, 12). The Cardiff leper house was dedicated to St. Mary Magdalen, but the dedication of the Kenfig leper house is not known. One of the two hospitals located at Swansea was dedicated to St. John the Baptist, with the other dedicated to St. David. St. John's was founded in the early 13th century for the care of the poor and travellers, and St. David's was founded just over a century later for the poor sick and clergy. The functions of the three hospitals in Neath and Margam are uncertain, as is the function of the hospital at Newcastle in Bridgend. The latter may have been a leper hospital (Rees, 1947, 46), and the dedication of one of the Neath hospitals to St. Giles suggests that this too may have been for lepers. The other two were run by the Cistercians and are therefore likely to have been for the poor sick or travellers. No saint appears to have been more popular than any other, although there were no known dedications to St. Mary the Blessed Virgin or to St. Leonard.

Pembrokeshire

There were eleven hospitals founded in Pembrokeshire in the medieval period, including three leper hospitals and seven hospitals for the poor, the sick or travellers. The function of the other hospital is unknown. Most of the medieval hospitals in Pembrokeshire were founded between the late 12th century and the late 13th century, the only possible exception being the hospital of St. Michael the Archangel at Llandeweryn,

which was founded by the early 15th century (Cule, 1977). At least six of the hospitals were founded for travellers, with those at St. David's and Llawhaden admitting clergy, and the latter possibly admitting lepers too (Soulsby, 1983, 177). All three leper hospitals were founded in the 13th century and were dedicated to St. Mary Magdalen, and the poor hospital at Tenby, also founded in the 13th century, was dedicated to St. John the Baptist. The hospital for the poor sick, travellers and clergy at Llawhaden was dedicated to SS Mary the Blessed Virgin, Thomas the Martyr and Edward the Confessor, but there were no dedications to St. Leonard. St. Mary Magdalen was clearly the most popular dedication for leper hospitals in Pembrokeshire, but the dedications of the non-leper houses were quite diverse. There was a high proportion of hospices for travellers in Pembrokeshire (45.5%), and this was due to the importance of St. David's as a place of pilgrimage. There were no known hospital foundations in the 14th century, and only a single hospital founded later.

Other Counties

There were no certain medieval hospitals in the small counties and boroughs of Rhondda Cynon Taff, Merthyr Tydfil, Caerphilly, Torfaen, Newport and the Vale of Glamorgan, all in south-east Wales.

Region	Lepers	Poor	Sick	Travel.	Total
NW. England	0	0	0	0	0
NE. England	0	1	1	1	3
W. Midlands	0	1	1	0	2
E. Midlands	1	0	0	0	1
C. England	1	0	0	0	1
E. England	0	0	0	0	0
SW. England	2	0	0	0	2
SE. England	1	1	1	2	5
N. Scotland	0	0	0	0	0
S. Scotland	0	0	0	0	0
N. Wales	0	0	0	0	0
S. Wales	0	0	0	0	0
Total	5	3	3	3	14

Table 3. *Regional summary of known hospital foundations from 1066-1100 based on type.*

Region	Lepers	Alms.	Poor	Sick	Travel.	NK	Total
NW. England	7	0	0	0	3	1	11
NE. England	18	3	8	4	9	2	44
W. Midlands	6	2	2	6	2	0	18
E. Midlands	11	5	5	9	1	1	32
C. England	16	3	4	6	5	1	35
E. England	22	3	8	8	8	1	50
SW. England	12	1	1	7	1	1	23
SE. England	19	8	4	11	6	1	49
N. Scotland	1	1	1	1	3	3	10
S. Scotland	2	2	1	1	3	2	11
N. Wales	0	0	0	0	2	0	2
S. Wales	1	0	0	0	3	3	7
Total	115	28	34	53	46	16	292

Table 4. *Regional summary of known 12th century hospital foundations based on type.*

Region	Lepers	Alms.	Poor	Sick	Travel.	NK	Total
NW. England	6	3	0	0	3	1	13
NE. England	16	7	6	6	8	9	52
W. Midlands	12	4	7	5	3	5	36
E. Midlands	16	5	5	2	1	2	31
C. England	22	4	7	4	2	7	46
E. England	10	7	12	7	3	6	45
SW. England	21	9	13	6	8	2	59
SE. England	21	12	6	10	4	4	57
N. Scotland	2	2	5	0	1	3	13
S. Scotland	1	5	4	1	0	8	19
N. Wales	0	1	0	1	1	1	4
S. Wales	4	0	1	3	4	1	13
Total	131	59	66	45	38	49	388

Table 5. *Regional summary of known 13th century hospital foundations based on type.*

Region	Lepers	Alms.	Poor	Sick	Travel.	NK	Total
NW. England	1	1	0	0	0	1	3
NE. England	7	17	3	4	2	8	41
W. Midlands	1	5	1	0	1	2	10
E. Midlands	8	7	1	2	0	5	23
C. England	2	5	2	0	0	6	15
E. England	15	5	2	0	1	1	24
SW. England	9	5	3	2	1	3	23
SE. England	5	9	3	0	1	1	19
N. Scotland	2	2	2	0	0	2	8
S. Scotland	3	2	4	1	0	5	15
N. Wales	0	0	0	0	1	0	1
S. Wales	1	0	0	1	0	2	4
Total	54	58	21	10	7	36	186

Table 6. Regional summary of known 14th century hospital foundations based on type.

Region	Lepers	Alms.	Poor	Sick	Travel.	NK	Total
NW. England	0	2	0	0	0	0	2
NE. England	1	31	1	0	2	2	37
W. Midlands	0	12	0	0	0	0	12
E. Midlands	0	9	0	0	0	0	9
C. England	0	18	0	0	0	0	18
E. England	1	13	0	0	2	1	17
SW. England	1	32	0	1	1	1	36
SE. England	4	19	2	0	1	1	27
N. Scotland	2	2	5	2	0	2	13
S. Scotland	6	13	1	5	0	6	31
N. Wales	0	0	0	0	0	0	0
S. Wales	0	0	0	1	0	2	3
Total	15	151	9	9	6	15	205

Table 7. Regional summary of known 15th century hospital foundations based on type.

Region	Lepers	Alms.	Poor	Sick	Travel.	NK	Total
NW. England	0	2	0	0	1	0	3
NE. England	0	6	0	0	0	0	6
W. Midlands	0	3	0	0	0	0	3
E. Midlands	0	5	0	0	0	0	5
C. England	0	6	0	0	0	0	6
E. England	0	3	0	0	0	3	6
SW. England	1	12	0	1	0	0	14
SE. England	0	11	2	2	0	1	16
N. Scotland	2	3	1	1	1	1	9
S. Scotland	0	6	1	2	2	3	14
N. Wales	0	0	0	0	0	0	0
S. Wales	0	0	0	0	0	0	0
Total	3	57	4	6	4	8	82

Table 8. *Regional summary of known hospital foundations from 1501-1560 based on type.*

Region	Lepers	Alms.	Sick	Travel.	NK	Total
NW. England	0	0	0	0	1	1
NE. England	0	6	0	3	3	12
W. Midlands	2	0	0	0	3	5
E. Midlands	1	1	0	0	1	3
C. England	0	0	1	0	1	2
E. England	6	1	0	0	2	9
SW. England	2	7	0	0	3	12
SE. England	3	0	1	6	2	12
N. Scotland	1	1	0	0	0	2
S. Scotland	0	0	0	0	2	2
N. Wales	1	0	0	2	1	4
S. Wales	0	0	0	0	1	1
Total	16	16	2	11	20	65

Table 9. *Regional summary of hospital foundations of unknown date based on type.*

Conclusion

These regional variations point to a number of differences that seem to have arisen due to local factors rather than wide scale patterns, although there is evidence for the latter also. There was a desire to segregate lepers from the populace and in urban areas this was usually done by locating *leprosaria* outside town walls. In rural areas though, where small towns and villages were bounded by farmlands rather than walls, leper hospitals were often placed in more remote areas. The regional analyses indicate that the counties where the highest proportions of hospitals were for lepers were generally those in the remotest parts of England, or those that had large areas of rugged terrain unsuitable for cultivation, and were consequently sparsely populated. Those counties that were more densely populated and more urban in nature had lower proportions of leper hospitals. Thus, high and low proportions of leper hospitals varied according to the type of landscape of each region or county, and may not necessarily reflect on the prevalence of the disease in a given area. In regions such as the West Country and East Anglia, where the disease seems to have lingered longer than in most other areas (Richards, 2000, 83), the high proportion of leper hospitals is understandable. In a county such as Derbyshire, however, the string of leper hospitals founded along the edge of the Peak District may have been influenced by the desolate nature of that area, rather than any high incidence of the disease. It should not be forgotten that the number of lepers supported in most medieval hospitals rarely exceeded twenty, and therefore the number of hospitals founded in a given area was unlikely to have been sufficient to house every leper in the community, particularly in the 11th and 12th centuries. Lepers did not necessarily need a hospital in which to live, as the list of lepers compiled by Bishop Bitton's executors demonstrates. The bishop of Exeter left money to lepers from thirty-nine different places in Devon and Cornwall, less than half of which are known to have been hospitals (Orme & Webster, 1995, 172-7). Thus, the number of lepers in Derbyshire may not have been particularly high compared to other counties in the region, but the remoteness of the northern half of the county may have provided an ideal location for that particular type of hospital.

This pattern was different in Scotland and Wales, where there were generally fewer leper hospitals overall, although this may be down to a paucity of evidence rather

than a lack of hospitals, particularly in Wales. The Welsh word *claf*, meaning ill or sick, was often used specifically to describe a leper in the medieval period, and derivatives of this word and its plural form of *cleifion* are found in a number of place names throughout Wales, such as Pont y Cleifion (Bridge of the Lepers) at Mallwyd in Gwynedd, Pont Rhyd y Cleifion (Bridge of the Ford of the Lepers) at Penybont in Powys, and Cae'r Cleifion (Field of the Lepers) at Wrexham (Cule, 1970, 41-2). Whilst there is evidence of a leper hospital at Wrexham, *leprosaria* are not known at Mallwyd or Penybont, although the locations (i.e. bridges) would seem ideal for such houses. Furthermore, the rural landscape of large areas of Wales, and Scotland, would seem ideal for locating leper hospitals. However, if the available evidence is correct and there were indeed very few institutions for lepers, it may indicate a different attitude towards care of lepers. Although medieval Welsh laws indicate that the rule of segregation was followed, they also suggest that lepers may have had even fewer rights in Wales than elsewhere. For instance, it was perfectly legal under Welsh law for a wife to leave a husband without fear of losing her *agweddi* (akin to a dowry) if he contracted leprosy, even though this contravened Canon law (Cule, 1970, 39). Such laws were made by the hierarchy of Welsh society, those who would normally be expected to found and support hospitals. The scarcity of leper hospitals in Wales may reflect the lesser regard held by the Welsh nobility for those with the disease. Alternatively they may simply have been allowed to gather into communes that were not so substantial as to leave any permanent trace in the record books. Most leper hospitals in England and Wales were founded by the early 14th century, although in the east of England foundations appear to have continued throughout the whole of the 14th century. Whilst leprosy was generally in decline in England and Wales in the 14th century, this was not the case in Scotland where the disease lingered in some parts into the 18th century (Richards, 2000, 83-4). In northern Scotland, there were as many late leper hospital foundations as there were early ones, and in the south, the number of late foundations surpassed the number of early ones.

Hospitals for the poor sick often took in poor travellers and pilgrims too, but there were also hospices established specifically to provide shelter for them. Primarily built along pilgrim routes, and at points along main roads where they crossed through barren terrain, these foundations generally took in people for a night or two. The regions with

the highest proportion of hospices for travellers were those in northern England. Those in Cumbria were established to provide food and shelter for poor travellers traversing the harsh terrain of this county, whereas those in the north-east were founded to accommodate pilgrims visiting the holy shrines in that area, in particular the tomb of St. Cuthbert in Durham. Other counties with a high proportion of hospices for pilgrims included Norfolk, Wiltshire, and Pembrokeshire, established to house those visiting the important sites of Our Lady of Walsingham, Salisbury Cathedral and St. David's Cathedral, amongst others. After the murder of Thomas Becket, archbishop of Canterbury, in 1170, and his canonization three years later, Canterbury Cathedral became a popular destination for pilgrims. A quarter of all hospitals founded in the south-east over the next hundred years devoted all or part of their resources to providing shelter for pilgrims and poor travellers. There were also high percentages of hospitals for travellers at West Dunbartonshire and Fife in Scotland, where a number of hospices were established near ferry points along the Firth of Clyde and Firth of Forth respectively. Despite the less permanent nature of the inmates, hospitals for travellers were not unlike those founded for the poor and the sick. From the few hospices where numbers are recorded it seems that providing beds for thirteen inmates was quite common, although the number of staff running these hospitals was always small and rarely exceeded three people. As with other hospitals they were normally run by priests or monks, and either had a chapel attached to them or were permitted to use that of a nearby church.

In most regions the majority of almshouses were founded after the Black Death, but in most south-eastern counties, excluding Greater London, there were more almshouses founded before the Black Death. In the north-west of England and parts of northern Scotland, the number of foundations before and after the Black Death was fairly equal. Counties where a high proportion of hospitals were almshouses included those where major towns like London, York, and Bristol were located. Each of these towns had high numbers of almshouses founded in the 15th and 16th centuries, and this trend occurred in a number of other large towns in England. This was a result of various trade guilds setting up shelters where their members or their families could be supported in times of need, such as after the retirement or death of a guild member. Almshouses founded and run by guilds were financed by its members, and those in the larger towns

had more members and hence more funding available to establish and maintain such hospitals. Some of the larger towns in Scotland also had a number of almshouses founded in the later period, although there was also a small area of southern Scotland, between the towns of Glasgow and Peebles, where a large concentration of almshouses was established throughout the medieval period. The late tradition of almshouse foundations that occurred in England and Scotland did not take place in Wales until the 17th century. The only pre-Reformation almshouse in Wales was established by King Edward I in the 13th century. The majority of towns in medieval Wales were only small and during the 14th and 15th centuries, at a time when almshouse foundations were becoming popular in England and Scotland, more than one in three were in decline. Some suffered because of the Black Death, which also affected England and Scotland, but many became ruinous as a result of damages inflicted during the English war with Owain Glyndŵr at the beginning of the 15th century. The revival of these towns was often very slow and it was not until the 17th century that the foundation of almshouses began in Wales.

Although many later hospitals, particularly almshouses, were named after their founder or the guild that ran them, the majority of the earlier hospitals were dedicated to one or more saints (see pp.251-55 for a general discussion on hospital dedications). The most popular dedication for leper hospitals in Wales, Scotland and southern England was St. Mary Magdalen, but in northern England that honour was bestowed upon St. Leonard. St. Leonard was also popular in southern Scotland, although in association with non-leper hospitals, usually almshouses, rather than *leprosaria*. St. Margaret was also a popular choice for leper hospitals in south-western and central England, whereas St. Nicholas was most popular in the north of England. St. John the Baptist was dedicated at more non-leper hospitals than any other saint throughout most of England, Scotland and Wales, except in the counties of Devon and Cornwall, where there were few non-leper hospitals at all, and in north-west England, where there was also a lower than average proportion of non-leper houses. St. Mary the Blessed Virgin was another popular dedication for non-leper hospitals, except in Wales, the West Midlands and south-west England. Although St. Mary Magdalen was commonly associated with leper hospitals in most regions, in middle and north-eastern England only about half of the hospitals dedicated to this saint were for lepers, with the other half being predominantly almshouses. Whilst St. Leonard

was most popular in the north of England and the south of Scotland, there were fewer hospitals dedicated to him further south. Dedications were particularly scarce to the west, with only half a dozen throughout the West Midlands and south-west England, and none at all in Wales. Also popular in northern England was St. Nicholas, and St. Cuthbert, whose relics were held at Durham Cathedral, was particularly popular in the north-east. A popular saint in central England was St. John the Evangelist, and both St. Bartholomew and the Holy Cross were popularly associated with hospitals in south-eastern England. St. James was popular in the eastern regions of England, but was rarely dedicated in Scottish hospitals or those in western parts of England, and not at all in Wales. St. Margaret was a popular dedication for leper hospitals across central and south-western England, but there were no hospitals dedicated to her further north, nor were there any in south-eastern England. The hospitals dedicated to this saint in the south-west were generally earlier than those across central England.

There was a general hiatus of hospital foundations between about 1330 and 1380, although the cessation began much earlier in the north-west of England, north Wales, and parts of Scotland. In these areas there were no foundations after about 1290 or even earlier. The recovery appears to have started later in these regions, with very few later foundations at all in Wales. The recovery across much of the Midlands and central England also appears to have started later, with no foundations at all in Derbyshire after 1335. In some regions there is little evidence of this 14th century decline in hospital foundations, especially in East England, where a number of leper hospitals were founded during this period (see pp.255-7 for a discussion of this 14th century decline).

Hospitals in northern and central England appear to have shown less prejudice against female inmates, except in the later almshouses. Hospitals for the poor sick and travellers in these parts tended to be for inmates of both sexes, but some leper hospitals did specify whether male or female lepers were to be admitted. However, there was near equality in the number of leper hospitals founded for women as for men, continuing the equality shown in other types of hospital. In parts of south-western England and much of south-eastern England also, there was no apparent prejudice towards men or women, but in Somerset and Wiltshire the earlier hospitals favoured men, whereas it was the later hospitals of Devon that tended to be built specifically for men. In the Midlands area,

however, there were a large number of hospitals founded for men, but very few hospitals at all founded for women. In the east of England it was the early hospitals that tended to be founded specifically for men, particularly those for the sick and leprous. In Greater London, there were more early hospitals in general built for male inmates, as well as many of the later almshouses. The evidence for Scotland is slight, but favours the men, especially in the earlier hospitals; there is no evidence for Wales.

Regional variations in hospital dedications and the prejudice towards male inmates may have been affected by local factors, such as the number of dedications to St. Cuthbert in Durham and the surrounding area. However, many of these trends are evident over a broader geographical area, and are therefore less likely to be due to local partialities, but rather to regional attitudes or preferences. The admission of men and women into the hospitals of southern England, compared to the abundance of men-only hospitals in the Midlands, does not imply that inmates were permitted to mix with the opposite sex in the south. Many of the hospitals of southern England were laid out in such a way as to segregate men and women within hospitals, either by erecting a partition down the middle of the infirmary hall, providing twin halls, or building two-storey hospitals. This was not done in the Midlands and consequently the issue of segregation was tackled by excluding women from most hospitals. In northern England, however, there is less evidence of segregation within the hospitals, and although some leper hospitals tended to be exclusive to either men or women, many other leper houses and hospitals for the poor and sick admitted both men and women. This may point to a less stringent attitude towards segregation in the hospitals of the north.

The evidence as a whole indicates a number of differences between medieval hospitals in the north and west of mainland Britain compared to those in the south and east, such as hospital dedications, attitudes towards different sexes and the decline evident in the 14th century. Despite this general divide, there are other aspects of medieval hospital foundations that appear to vary on a smaller regional scale. The foundation of leper hospitals, almshouses, and hospices for travellers, for example, were often dependant on more local geographical characteristics, such as the type of landscape, the degree of urbanisation, or the popularity of a location, although there were still some aspects that distinguished those in the north or west from those in the south or east.

5.

SIZE & LAYOUT

Introduction

Parallels with the layout of many medieval hospitals may be found in the monastic infirmaries that housed the monks or nuns during times of illness, fatigue, or old age, and it seems likely that it was on the model of these institutions that hospitals developed. Benedictine houses were more autonomous than those of the later religious orders, and consequently the buildings within the monastic precinct were not always laid out with any regular plan in mind (Braun, 1971, 45). However, the 9th century blueprint for the Benedictine monastery of St. Gall in Switzerland indicates that the infirmary should be situated to the east of the church. Whether or not the plan of St. Gall was ever built is debatable, but the location of monastic infirmaries to the east of the church seems to have been generally adhered to throughout the Middle Ages. In monasteries where an infirmary has been identified, they were predominantly located to the east or south-east of the main cloister, and most religious orders seem to have taken their lead from the Benedictines in this matter. Examples of infirmaries sited to the east, or south-east, of the main cloister include the Benedictine abbey of Burton in Staffordshire (VCH Staffordshire, 2003, 48-53), the Cluniac priory of Much Wenlock in Shropshire (Braun, 1971, 166), the Augustinian priory of Maxstoke in Warwickshire (Warwickshire SMR), the Tironian abbey of St. Dogmaels in Ceredigion (Hilling, 2000, 46), the Savignac abbey of Jervaulx in North Yorkshire, the Cistercian abbey of Strata Florida in Ceredigion (Robinson, 1998, 129 & 179), the Premonstratensian abbey of Barlings, near Lincoln (HTL, 2005), and the Dominican priory in London (Thomas, 2002, 97). Infirmaries were similarly located in most nunneries, including the Benedictine houses of Carrow in Norwich and Barking in Essex, and the Augustinian house of Burnham in Berkshire (Gilchrist, 1995, 119, 127 & 134).

Not all infirmaries were to be found on the east side of the main cloister though. St. Mary Graces in London was the only urban abbey of the Cistercian Order, and it is one of the few Cistercian houses known to have its infirmary for the brothers located to the south of the main cloister (Robinson, 1998, 137). There were, however, several other

Cistercian abbeys that had a separate infirmary for the *conversi* which was located to the south, such as Fountains in North Yorkshire (Robinson, 1998, 43). The infirmaries at the Benedictine cathedral priories in Norwich and Ely were also located south of the main cloister (Webb, 1965, 57 & 64; Ray, 1994, 10; Rawcliffe, 1995, 27). At the Premonstratensian abbey of Easby in North Yorkshire, the position of the monastery in relation to the nearby River Swale led to the infirmary being situated to the north of the church, and at the Benedictine priory at Durham Cathedral and the Cistercian nunnery of Marham in Norfolk, the infirmaries were located to the west of the main cloister (Gilchrist, 1995, 147; Roberts, 2003, 85).

The complexity of a monastic infirmary depended on the size of the monastery. The main building was normally a rectangular hall with beds along either side of the two longest walls. At the east end of this hall there was often a chapel where services could be attended by the sick and elderly. The earliest halls had an open plan allowing those who were bedridden to view the religious services from their beds, but in the 14th century the increasing desire for privacy led to many halls being partitioned off into cubicles or cells. In some houses the hall may have been the only infirmary building. At St. Dogmaels in West Wales, the only Tironian abbey in Wales or England, the infirmary appears to have been a solitary hall to the east of the cloister measuring only 12m x 6m (Hilling, 2000, 46). In other houses there were a number of ancillary buildings built specifically to serve the needs of the infirmary, in particular latrines, a kitchen, and separate lodgings for the infirmarer (Webb, 1965, 59; Lawrence, 2001, 119). The 13th century infirmary hall at Durham Cathedral Priory was built against the castle wall to the west of the cloister, and included a chapel and a kitchen. The rectangular structure was aligned on the north-south axis and had an extension at the north-west corner and another at the south-east corner (Roberts, 2003, 80-5). The former may have contained the kitchen, whilst the latter would have been ideally aligned on an east-west axis to accommodate the chapel. The infirmary hall at the Cistercian abbey of Furness in Cumbria was aligned east-west and had a chapel in the south-east corner. A chamber at the west end of the hall contained the reredorters, and an octagonal kitchen stood just to the east of the hall (BWMHG, 2005).

These buildings were often arranged around a cloister or courtyard, as at Barking Abbey, Burton Abbey, Much Wenlock Priory, the Dominican priory in London, and the

Cistercian abbeys of Fountains and Rievaulx in North Yorkshire, and Tintern in South Wales. The infirmary at Barking was built on a north-south alignment and was located on the east side of a courtyard that was bounded by the chapter house to the south, the warming house to the west and a possible kitchen to the north. The infirmary chapel was attached to the south-east wall of, and at right angles to, the infirmary hall (Gilchrist, 1995, 127). At the 12th century infirmary at Much Wenlock, the hall was on the north side of the infirmary cloister and had a chapel at the east end (Braun, 1971, 166). At Tintern, the original timber hall was replaced in the 13th century by a large stone structure extending from the south-east corner of the infirmary cloister on an east-west alignment. The east end of this hall may have contained a chapel, and a building projecting from the north-east corner probably provided lodgings for the infirmarer. Attached to the north-west corner of the hall was a latrine block and to the north of this was the infirmary kitchen. The buildings on the north side of the cloister were probably the original lodgings of the abbot, and the west side of the infirmary cloister was formed by the east range of the main cloister (Robinson, 2002, 60-3). Similar layouts were adopted at other monastic houses, although the arrangement of the buildings around the cloister did vary. The position of the latrines, for example, would likely be governed by the available watercourse to be used for drainage purposes.

At Bermondsey Priory, the layout of the infirmary was somewhat unusual in that it had parallel halls. The original late 12th century hall, measuring about 25m long and 8m wide, was built to the east of the main cloister on a north-south alignment. It ran parallel to the monks' dormitory with a courtyard in between the two buildings. On the north side of this courtyard was a chapel with an apsidal chancel and an aisleless nave that measured about 17m in length and 7m in width. The purpose of this chapel is uncertain, although it may originally have been used by the monks whilst the church was being constructed (Thomas, 2002, 56-62). Around the time that the infirmary was being built, the apsidal chancel was demolished and replaced by a square ended extension. With the completion of the church, this chapel would have been ideally located to serve the new infirmary. In the 13th century the chapel was extended further and a second infirmary hall, about 22m long and 7m wide, was erected to the east of the first hall, with a courtyard built between

the parallel halls. This courtyard was later replaced by a service range (Thomas, 2002, 108).

The size of the infirmary varied from house to house, ranging from the simple halls without chapels, like that at St. Dogmaels (12m x 6m), to the larger halls with chapels at the east end, either within the hall itself or attached to it. The largest of these were probably the infirmaries of the cathedral priories such as Norwich and Ely, both of which were over 50m long and around 15m at their widest (Webb, 1965, 64). Halls closer to 25m in length, like those at Bermondsey, with chapels of about 15m, seem to have been more common. If the interpretation of the infirmary at Durham Cathedral Priory is correct, the hall measured 25m in length from north to south and 12m in width, and the chapel was about 18m in length from west to east and 7m in width (Roberts, 2003, 85). If the infirmary at Tintern Abbey included a chapel at its east end as supposed, then the hall would have been about 26m long, with a 7m long chapel (Robinson, 2002, 60-1). The building containing the infirmary hall and the chapel at Furness Abbey was just over 38m long and 14m wide (BWMHG, 2005), and the infirmary at Westminster Abbey, together with its chapel of St. Catherine, was about 40m long and 15m wide (Thomas, 2002, 45 & 91). Excavations at Barking Abbey revealed an infirmary hall that was approximately 12m wide and at least 20m long, although the north wall was not found. The chapel extending at right angles from the hall was 16m long and 8m wide (Gilchrist, 1995, 127).

The evidence would suggest a preference for the monks' or nuns' infirmary to be built on the eastern side of a monastery and to consist of an infirmary hall and chapel, with latrines and a kitchen built in close proximity. Where lay brothers formed part of the religious community, a separate infirmary may have been provided to the south or the west. Originally the hall would have been open plan, with beds down the sides and an area in the middle where the patients might eat or get some exercise; these areas were often distinguished by aisles, especially in the larger halls. The hall would have been heated by one or two hearths or fireplaces, and keeping the patients warm was clearly a priority, as a number of infirmaries, such as those at Rievaulx, Barking and Furness, had passages connecting them directly with the warming room of the abbey (USCY; Gilchrist, 1995, 127; BWMHG, 2005). The likelihood was for the hall to be later divided into cubicles or rooms, usually in the 14th century, to provide the patients with a certain

degree of privacy. These might also have had their own hearths or fireplaces, as was the case at the abbeys of Fountains and Tintern (USCY; Robinson, 2002, 61). The most favourable position for a chapel would have been at the east end of the hall, to allow those unable to get out of bed to see and hear the religious services. When open halls were being replaced by partitioned rooms or cells in the 14th century, views to the chapel would have become restricted. The importance of a chapel within the hall was thus lessened and at some hospitals a separate chapel proved to be a better option. Arranging the hall and ancillary buildings around a courtyard or cloister would have minimised the distances between each facility, whilst also providing an area where the patients might take in the fresh air and be assured of privacy and tranquillity away from the centre of the monastery.

Despite the propensity to create infirmaries along these lines, there were a number of variations to this plan. Restrictions of space or other geographical considerations might have made it undesirable or even impossible to build the infirmary on the eastern side. The size of the monastery may have merited only a small infirmary hall without a chapel or other buildings, or perhaps no infirmary at all. Where the infirmary had been built on the north-south axis, the chapel would have been arranged at right angles to the hall, either within the hall or in a separate building, thus ensuring an east-west alignment. Where the infirmary buildings were arranged around a courtyard or cloister, it was common to have the hall and chapel on the east side, although there were variations to this layout. One exception was at Bermondsey Priory, where a chapel that may have served the hospital was on the north side of the courtyard. At this infirmary also, there were two parallel infirmary halls, yet another variation to the common plan of a monastic infirmary.

Whilst the layout of monastic infirmaries may help us to better understand the general considerations that went into planning and building a hospital in medieval times, regional variations in hospital layouts are difficult to ascertain due to limited evidence, especially in Scotland and Wales. Historical evidence rarely tells us anything about the layout of medieval hospitals. Records may indicate what types of buildings were found at individual hospitals, but the size and layout is often elusive. The number of inmates and those who provided for them within the hospital may give some indication as to its

original size. Such figures can be found in written sources, but again caution is required when using such figures as they do not always apply to the intended number of people anticipated when the hospital was founded. Figures for a particular hospital often differ with time and it is clear that the number of inmates present fluctuated throughout the lifetime of a hospital. There were many reasons for this, such as insufficient patients to fill all the available beds, mismanagement by those running the hospital, changes in the hospital regulations, refoundation of a hospital or rebuilding on a new site, or financial difficulties. When trying to relate the number of people in a hospital to the size of the buildings, it is therefore important that the figure used as an indicator should be the one that applies to the foundation date of the hospital, as this is the figure that the building designers would have worked to when drawing up their plans. This number could give a clue as to the size of some of the buildings, in particular the infirmary hall. Any subsequent changes in numbers after that date would not necessarily impact on the size of the hospital infrastructure, although in some cases they may be relevant to the refoundation or rebuilding of a hospital. Of all the hospitals that are known from the medieval period, the intended number to be accommodated upon foundation is only known for about one quarter.

Archaeology can obviously tell us more about the size and layout of medieval hospitals, but only a small proportion have so far been excavated on a large enough scale to provide a full picture of how they were planned and developed. The information gleaned from excavations, such as those at St. Mary Spital, London, St. Mary, Ospringe, and St. Bartholomew, Bristol, have been incredibly informative. They have given us an insight into the size of hospitals, what sort of buildings formed such an institution, where those structures were positioned in relation to one another, how the layout of medieval hospitals developed over time, how private residences were transformed into places for nursing those in need, and how issues like segregation of the sexes were addressed. This type of information, which is not easily found in historical sources, highlights the need for more archaeological investigation into hospitals, especially in areas such as Scotland, north-west England, and Wales. Extant buildings can also be informative, although peeling away the more modern additions to reveal the original layout is not always easy. Even when collating the available evidence from all of these sources, the size and layout

can only be satisfactorily determined for about one third of all known hospitals in the medieval period. This means that the conclusions reached based on this evidence should be viewed with some caution.

Hospitals for the Poor, Sick and Travellers

11th Century

One of the earliest foundations for the poor sick was the hospital of St. John the Baptist in Canterbury (Fig.4), founded c.1084 by Archbishop Lanfranc. According to the monk Eadmer, a contemporary of the founder, it consisted of a large stone *palatium* divided in two in order to segregate the male inmates from the female inmates, with additional ancillary buildings (Hill, 1969, 7). Surviving remains indicate a dormitory of approximately 62m in length and 9m in width, with a double chapel projecting at right angles from the centre of the south-eastern wall (Parfitt, 1991, 20). The size of the double chapel is uncertain. Surviving Norman features which form part of the present chapel indicate that the 11th century double chapel was at least 18m long, but a plan based on the 1874 Ordnance Survey map of Canterbury suggests it may have been as long as 26m (Bennett, 1990, 21). Continuing the theme of segregation there were two reredorters behind the dormitory range to the north, each approximately 10m long and 3m wide and with connecting leats to the River Stour along which the sewage was flushed (Parfitt, 1991, 21). Excavations have also revealed evidence of another building, possibly an 11th century kitchen, as well as rubbish pits and two wells. Apart from the leats leading down to the river, the limited excavations on the land between the reredorters and the River Stour some 100m to the north-west revealed no further evidence of structures, and this land probably served as the hospital gardens and orchard (Bennett, 1990, 22).

On the opposite side of Northgate Street from St. John's Hospital stood St. Gregory's Church, founded by Lanfranc as a house for six canons who were responsible for running the hospital of St. John. The church had a nave, tower and chancel, with double-celled chancels attached to the north and south transepts, possibly constructed to house the relics of St. Eadburg and St. Mildred which were reputedly translated to the church by the founder (Hicks & Hicks, 1990, 4). To the south of the church was the

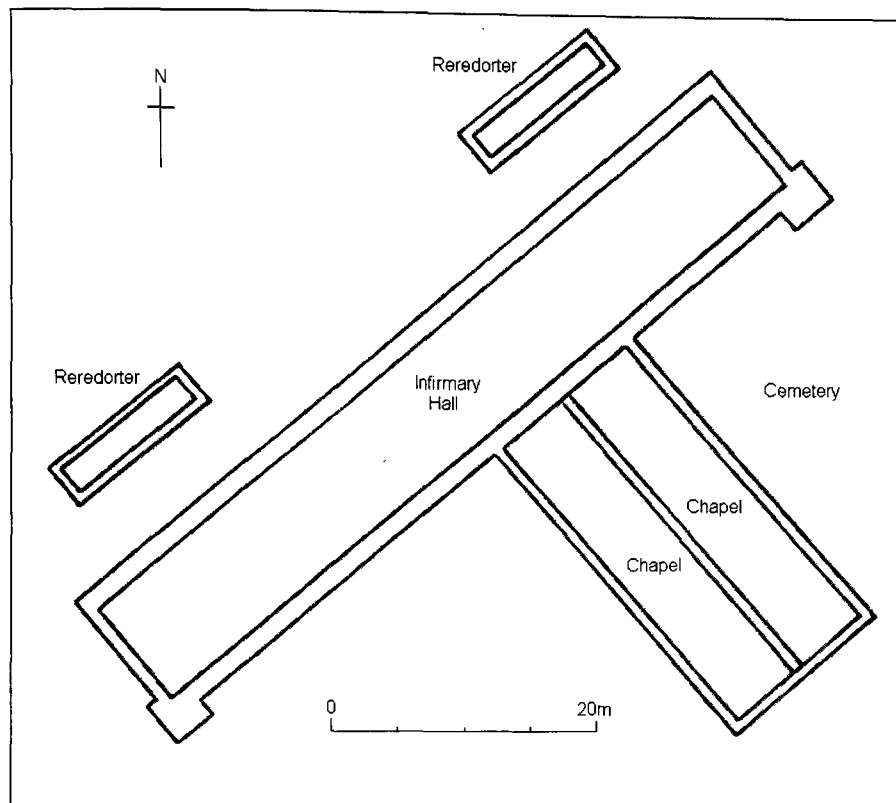


Fig. 4. St. John's, Canterbury, c.1084 (After Bennett, 1990, 21)

cemetery which served the hospital as well as the church. In the early 12th century St. Gregory's became an Augustinian priory and a series of new buildings were erected. These included a chapter house, a dormitory, a kitchen, a refectory and a prior's lodge, all built around the cloister of a larger new church which replaced the original church (Hicks *et al*, 1989, 17-21).

Little is known of the layout of the hospital of St. Peter at its original site near York Cathedral, but more is known about the newly sited hospital established by King William Rufus at the end of the 11th century. Surviving elements of the hospital infirmary and chapel date from the 13th century, but ongoing excavations have revealed that the original stone infirmary stood on the same alignment, albeit on a smaller scale. It was built up against the Roman wall and tower that still stood in the 11th century, and a number of large contemporary timber buildings have also been identified (YAT, 2004). The hospital was largely destroyed during the fire that burnt much of York in 1137, and

this led to a new hospital church being built by King Stephen and dedicated to St. Leonard, which ultimately led to the hospital being known by that name (Cullum, 1993, 14). By the 13th century at least, men and women were segregated within the infirmary, and the buildings themselves were divided into two distinct courtyards, one containing the facilities for the inmates and the other containing the church and buildings provided for the brethren (Cullum, 1991, 8). The infirmary had two chapels extending from the north-east wall near the eastern end of the hall (Cullum, 1993, 16-17), possibly one to serve men and another to serve women. Although the location of the reredorters is uncertain, the recent excavations have uncovered a system of drains that evidently carried sewage to the River Ouse which flowed past the hospital approximately 100m to the south-west (YAT, 2004).

The hospitals of St. John in Canterbury and St. Leonard in York both had an infirmary hall with chapels attached, and this layout was probably influenced by contemporary monastic infirmaries, such as that of Canterbury Cathedral Priory (Godfrey, 1929, 101). This was an aisled infirmary hall on an east-west axis, with an aisled chapel at the east end and a kitchen and table hall on the north side of the infirmary hall (Orme & Webster, 1995, 89). A similar layout was also in use at the 11th century Cluniac priory of St. Michael and St. Milburga at Much Wenlock in Shropshire. Here the infirmary lay on the north side of a separate smaller cloister, which was located to the east of the main cloister (Braun, 1971, 166). Each monastic infirmary was intended only to serve the monks or nuns of the monastery in which it was built, and thus special arrangements to segregate males and females were not necessary. The hall and chapel could therefore be built on the same east-west alignment, with the chapel at the east end. The earliest hospitals for the poor sick which admitted men and women, however, had to make slight adjustments to this layout in order to keep male and female inmates apart, and this was originally achieved by offsetting the chapels at right angles to the infirmary hall. In the following century, other designs were also introduced to achieve this segregation where necessary, although restricting the inmates to the same sex was a popular method of avoiding such complications.

12th Century

One of the first foundations of the 12th century was the *hospitium* built outside the gates of the Cluniac priory of St. Pancras in Lewes. This became the parish church of St. John the Baptist in the 14th century, but a row of 12th century columns between the nave and a later south aisle suggests that the hospital for pilgrims and the poor was divided in order to segregate male and female inmates (Godfrey, 1959, 132). One of the earliest hospitals to cater for the needs of men only was St. Cross in Winchester. Founded in 1136 by Henry of Blois, bishop of Winchester and brother to King Stephen, it was intended to support thirteen poor and feeble men and to provide food and drink for a further hundred needy men on a daily basis. For the latter purpose the 'hundred-men's hall' was built near the outer gate approximately 60m north of the cruciform church. A blocked doorway in the corner of the south transept and other markings on the south and east walls of the church indicate that the original hospital buildings were laid out around a courtyard on the south side of the church, foundations of which have occasionally been unearthed in the churchyard by gravediggers (Warren, 1969, 30-31; Prescott, 1992, 127). The aisled church took over a hundred years to complete, the west end of the nave finally being completed by Bishop Aymer in 1255, and it was not until 1334 that the thatched roof was replaced by a lead one. Once the west end of the nave had been finished the church measured 38m in length and over 16m in width. The transepts were each approximately 7m wide and extended 9m from the nave (Warren, 1969, 7 & 19). Transepts were an unusual feature for a hospital and may have been built to reflect the wealth and status of the founder.

The hospital of St. Thomas at Ramsey in Cambridgeshire originally had a long aisled hall of eight bays, with a small, single-bay chancel at the east end with north and south chapels (Prescott, 1992, 113). The hospital of St. John the Evangelist in Cirencester had an aisled infirmary of at least five bays, probably seven, which measured about 10m in width and either 21m (five bays) or 30m (seven bays) in length. The chapel at the east end, probably added in the early 14th century, had three bays and was about 15m long and 5m wide (Leech & McWhirr, 1982, 192). However, other 12th century hospitals for poor, sick and travellers were built on a slightly smaller scale than the hospitals at Ramsey and Cirencester. Although founded by an archdeacon of Northampton in 1140, the infirmary

hall of St. John's hospital was only about 18m long and about 5m wide. The dimensions of the original chapel are not known, although the 14th century chapel was approximately 13m long and served a second hall built on the south side of the original (Godfrey, 1955, 43-4). The late 12th century hospital of St. Thomas at Canterbury (Fig.5), founded by Edward FitzOdbold, a merchant and citizen of the town, was smaller again, the infirmary hall being some 15m long and 8m wide and the chapel extending another 5m from the north-east end. The chapel was laid out at right angles to the hall and was extended to the south-east in the 14th century (Godfrey, 1929, 103-4). Beneath the hall and chapel was an undercroft which was probably used for storage, although Wilson (1975, 75) has suggested that it may have been used to house pilgrims as it was well lighted on the western side. The late 12th century infirmary hall of St. John's at High Wycombe consisted of four bays and measured about 19m in length and 5m in width (Prescott, 1992, 111).

The hospital of St. Mary at Strood (Fig.6) was founded by Gilbert de Glanville, bishop of Rochester, on a very similar plan to that of St. John at Canterbury, although much smaller in size. Excavations in the late 1960s revealed an infirmary hall of about 7m in width and at least 13m in length, although a length of nearer 16m is more likely. The chapel was at right angles to the hall and measured over 10m by 4m. As with Lanfranc's foundation, the hall was divided centrally to segregate men and women, but there is no evidence that

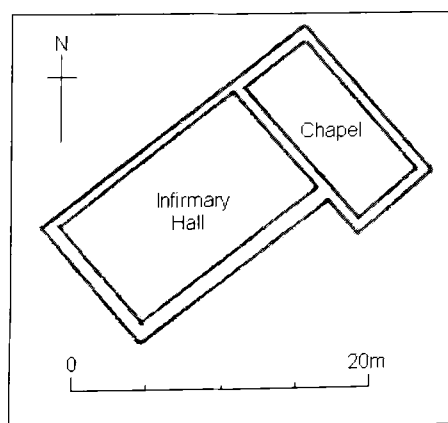


Fig. 5. St. Thomas', Canterbury, c.1190
(After Godfrey, 1955, 43)

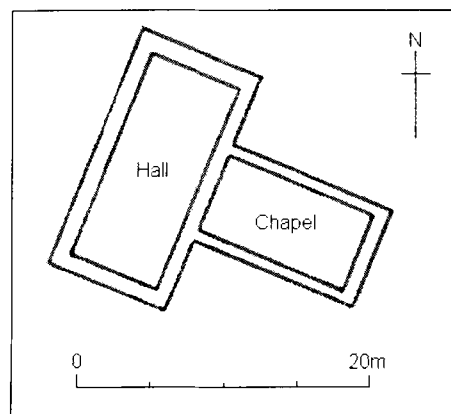


Fig. 6. St. Mary's, Strood, c.1193
(After Harrison, 1969, 143)

the chapel was also divided. There was no evidence for any other contemporary buildings associated with the hospital, but the cemetery was located to the south of the chapel (Harrison, 1969, 144-51). The original late 12th century London hospital of St. Mary Spital may have been rectangular in plan, with a 5m long chapel at the end of a 10m long infirmary hall. However, within forty years this was replaced by a new building similar to those of St. John, Canterbury and St. Mary, Strood. The aisled infirmary hall was just over 16m wide and about 57m long, with an aisled chapel of similar width extending at right angles from the centre of the east wall. At the end of the 25m long chapel was an 8m² Lady Chapel. A reredorter was attached to the east wall of the infirmary hall to the north of the chapel, and another was probably located to the south of the chapel (Thomas *et al*, 1997, 19-41). As with the hospitals at Canterbury and Strood, this layout was undoubtedly designed to keep male and female inmates apart. At the end of the 13th century extensive building work began again, including construction of a new two-storey infirmary and the addition of a claustral range on the north side of the chapel (Thomas *et al*, 1997, 42-64).

Some hospitals had their buildings laid out in a close or courtyard in the 12th century, although not necessarily around a cloister like that added a century or so later at St. Mary Spital. When a fire destroyed the original hospital of St. Giles at Kepier, near Durham, in the mid-12th century, it was rebuilt on a new site by Hugh Pudsey, bishop of Durham. The new buildings included a church, an infirmary, a hall, a dormitory, and a court around which some or all of these buildings presumably stood (Meade, 1995, 5 & 26). Although the exact plan of the late 12th century God's House in Southampton is not known, it is likely that the main buildings were also arranged around a courtyard, based on hospital records from the Middle Ages and plans made in the 18th and 19th century. A chapel measuring about 18m by 8m was located on the south side of the courtyard with a gateway attached to its west end. A timber hospital building, which housed the sisters and the inmates, probably formed part of the east wing of the courtyard, and the west wing was comprised of a hall where the brothers took their meals and several other rooms for the brothers. The hospital was probably about 8m², and the west wing was approximately 30m long and 8m wide. The kitchen, with possibly a brewhouse and a bakehouse, were

on the north side of the courtyard with the hospital gardens and orchard to the north of the kitchen (Kaye, 1976, lxxv-xc). In the 12th century, the Benedictine priory of Denny in Cambridgeshire was transferred to the Knights Templar, who used it as a hospital providing care for sick members of the order (Knowles & Hadcock, 1994, 64; Orme & Webster, 1995, 72). The hospital buildings were arranged around a garden, with a two-storey infirmary hall on the north side and the church on the south side. The original Benedictine church was cruciform and without aisles, but the Templars later added a south aisle. The church was about 25m long and 6m wide, excluding the south aisle, with the transepts each about 5m², and the hall was about 15m long and 5m wide. The Templar aisle was about 12m long and 2m wide (Gilchrist, 1995, 75 & 140). At the hospital of St. John the Baptist in Coventry the chapel was probably located on the north side of a quadrangle, with the infirmary hall on the south side (Prescott, 1992, 168).

13th Century

Not all hospitals were newly built for the purpose of caring for the poor sick or travellers. In the 13th century, some benefactors began converting their own property into hospitals. This was most common within towns and was probably driven by a lack of space in which to erect new buildings. In 1220, William Dennis gave up his own house to accommodate the brothers, sisters and poor travellers of his new foundation of Holy Trinity at Ilchester. Just over twenty years later he was able to obtain a vacant church to serve the hospital (Orme & Webster, 1995, 85-6). Another early 13th century hospital which evolved from a private residence was St. Mary's in Canterbury, although the founder, Alexander of Gloucester, undertook a programme of major construction work in order to achieve a layout more familiar to medieval hospitals. The infirmary hall was constructed over the main part of the house on a south-west to north-east alignment, with a kitchen or warming room at the northern end. The chapel replaced a former porch and was built on an east-west alignment at near right angles to the infirmary, although it extended from the northern end rather than from the centre of the hall, probably because of site restrictions (Prescott, 1992, 12; Gilchrist, 1995, 55-6).

In about 1234 Sir John de la Warre gave up his house in Bristol to found the hospital of St. Bartholomew (Fig.7). The house was an aisled hall with an undercroft,

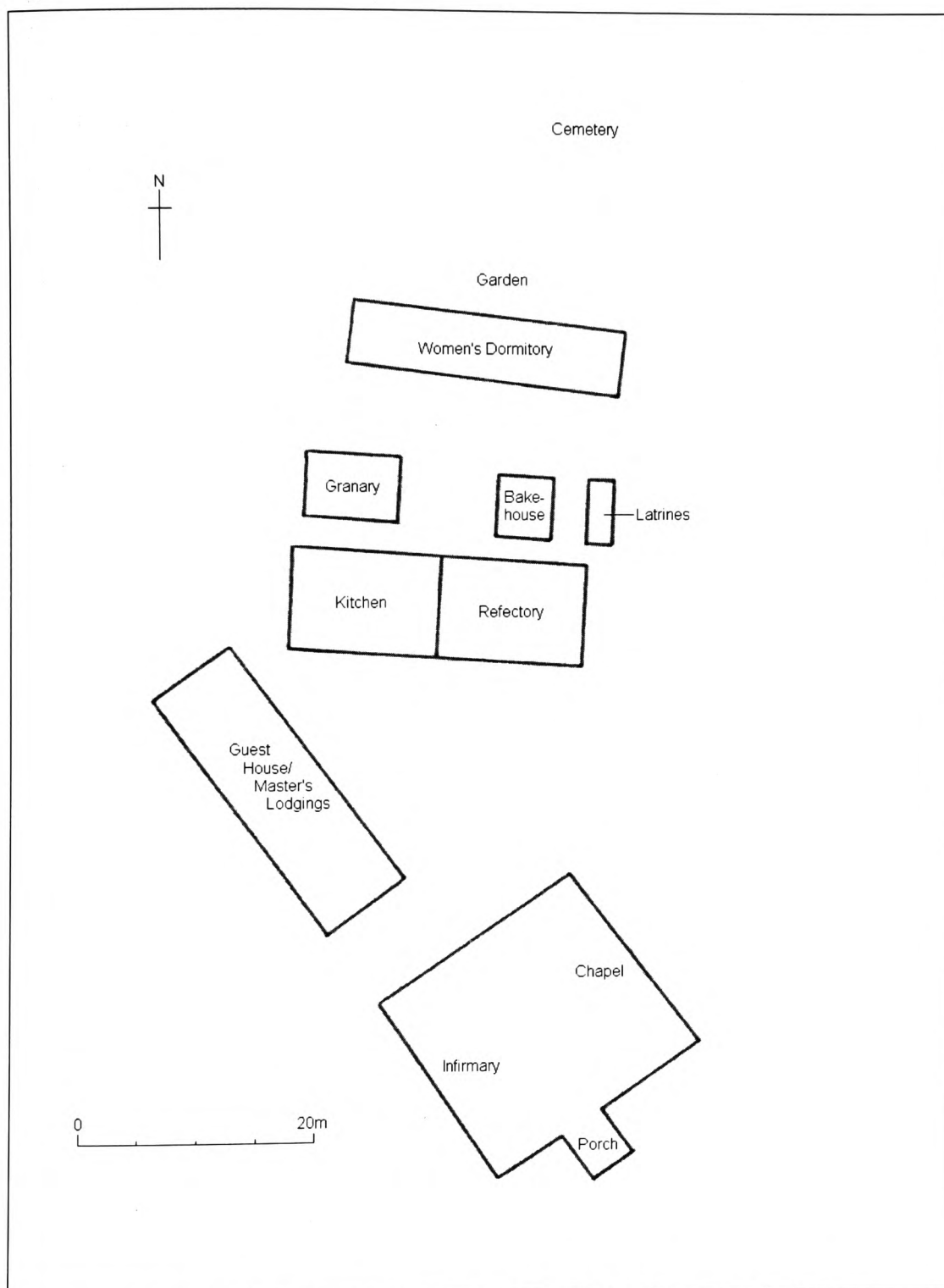


Fig. 7. St. Bartholomew's, Bristol, c.1300 (After Price & Ponsford, 1998, 80)

measuring approximately 17m by 15m, situated between the River Frome and a shallow cliff (Price & Ponsford, 1998, 51-2). When first founded as a hospital for the poor, very little alteration appears to have been made to the structure, although internal partitions were probably erected to provide separate areas for male and female inmates, as well as dormitories for the brothers who looked after them. By the early 14th century the sisters who worked at the hospital were housed in a separate building to the north of the house, and this may have been built as part of the original hospital foundation. A timber building containing two rooms stood between the two buildings and may have served as the kitchen and refectory. By the early 14th century this had been replaced by a new range of service buildings and an inventory of 1303 states that the hospital included a hall, guest house, kitchen, bakehouse and granary. Excavations revealed a series of structures that have been identified as these buildings. It is likely that the original aisled hall was adapted to provide an infirmary with a chapel at the east end (Price & Ponsford, 1998, 79-84). However, no specific mention is made of a chapel and it is possible that the religious needs of the hospital occupants were served by a nearby church, as they were at Holy Trinity, Ilchester.

Although laid out according to the simple plan of an infirmary hall with a chapel at the east end, the hospital of St. Mary at Dover was built on a grander scale than most. The hall was approximately 40m long and 7m wide, and the chapel was a little over 7m long (Godfrey, 1955, 36). The original hall no longer exists, but a later two-storey hall of similar dimensions was constructed alongside the southern side in the 14th century and this suggests that the 13th century hall also had two floors (Godfrey, 1929, 104). If so, this would have allowed male and female inmates to have been segregated within the hospital. A similar plan may have been adopted by Bishop Richard Poore *c.*1227 at the hospital of St. Nicholas at Salisbury, where a two-storey hall measured 18m by 5m. By 1245, this hall was being used by the hospital staff and a new double infirmary was erected parallel to it on the south side, probably built by Poore's successor, Robert Bingham. The new halls were each 25m long and 7m wide, and were separated by an arcade of five arches. At the east end of each of the infirmary halls was a chapel approximately 13m long and separated by an arcade of two arches, and at the west end entrance to each infirmary was a porch measuring about 4m in length and 2m in width

(Prescott, 1992, 169; Orme & Webster, 1995, 100). Between the original hall and the new double infirmary an enclosed court was constructed and a reredorter was probably located on the south side of the double infirmary (Clay, 1909, 113; Godfrey, 1947, 150). Presumably the reredorter was divided in two or a second reredorter was located elsewhere in order to serve both sexes separately.

A hospital built on a scale to match that of St. Mary's, Dover was St. John's, Oxford. When refounded on a new site in 1231 by King Henry III, twin infirmary halls were constructed each measuring about 45m long and 9m wide. The south-east end of this dual hall had a layout that differed from the rest of the building and may have served as a chapel visible to the inmates, despite the hospital also having a chapel building separate from the infirmary to the north-west. This separate chapel was about 30m long and 5m wide. Attached to the infirmary was another building which may have been the master's lodging, although this may have been constructed at a slightly later date along with other buildings which formed the east and north ranges of the hospital (Durham, 1991, 63-72). The twin halls were most likely used to segregate men and women inmates in the hospital, but how or if they were kept apart in the chapel is unknown.

Parallel infirmary halls were also built to segregate the sexes at the hospital of St. John at Winchester, but only one chapel was provided and presumably served both. The halls were each about 19m long and 5m wide, and the chapel extended some 16m from the east end of the south hall, although its alignment differed slightly from that of the halls (Gilchrist, 1995, 21; Orme & Webster, 1995, 100). The size of the infirmary hall at St. John's may be regarded as more the norm than that at St. Mary's, Dover. Where the dimensions for 12th and 13th century hospital are known, most infirmary halls range in length from about 15m to 25m. The infirmary hall of St. Mary Magdalen in Glastonbury was about 21m long and 9m wide (Peers, 1930, 443-4), and that of St. Catherine's hospital at Ledbury in Herefordshire was of a similar size (Hillaby, 2003, 11). Both had a chapel about 7m in length, although the one at St. Mary's hospital was narrower than the hall and was offset from the centre to allow a doorway to be built into the east wall of the infirmary. The extant 13th century chapel of the hospital of SS Mary, Thomas & Edward at Llawhaden in Pembrokeshire is about the same size as that at St. Mary's, Glastonbury, and has a ditched enclosure of about 50m by 50m around it (Cule, 1977; Turner, 2000,

43). This suggests that the infirmary hall may also have been of similar proportions to those at Glastonbury and Ledbury, or possibly a little larger.

There were a few larger foundations built on a scale similar to that of St. Mary's, Dover, such as the hospitals of St. Mary at Chichester and St. Giles at Norwich. Although originally founded in the 12th century, St. Mary's, Chichester was rebuilt on a new site in the 13th century. The new hospital had a six bay aisled infirmary over 36m long and 13m wide with a chapel at the east end measuring almost 14m long and 7m wide (Godfrey, 1959, 133-4). The hospital of St. Mary in Ely had an aisled chapel with three bays which was similar in size to that at Chichester, suggesting that the infirmary hall may also have been of a similar size. When the hospital was united with St. John's, Ely in the early 13th century, it was this chapel that was retained by the new hospital, despite the institution keeping the name of St. John (Cobbett & Palmer, 1936, 60-2). The 13th century hospital of St. Giles in Norwich originally had a seven bay infirmary hall about 38m in length, with a chapel at the east end extending a further 24m, although three bays of the infirmary were later converted to a nave to serve local parishioners (Orme & Webster, 1995, 96; Rawcliffe, 1995, 110). Major construction work at St. Giles in the 15th century included a cloister on the north side of this church, but at the hospital of St. John in Ely a cloister is mentioned in an ordination of 1303, as well as an infirmary, chapel, refectory and dormitory (Cobbett & Palmer, 1936, 90). It is highly probable that St. John's had a cloister as early as the 13th century, possibly constructed when the hospital was united with St. Mary's hospital in c.1240.

At the hospital of St. Mary at Ospringe (Fig.8) a series of buildings were arranged around courtyards soon after its foundation in 1234. The infirmary was approximately 36m long and 11m wide and consisted of eight bays. Like many other Kentish hospitals it was built on a north-south alignment, with the chapel extending from the east wall of the infirmary on an east-west alignment. In this case, though, the chapel projected at right angles from the southern end of the infirmary, rather than from the centre or northern end. The infirmary was divided down the centre, creating a west aisle and an east aisle, and doorways in the north gable end led out into a cobbled courtyard. A reredorter to the east of this courtyard abutted the north-east corner of the hall, and a building with an unknown function stood on the west side of the courtyard. On the north side stood a

building used for baking and brewing, and north of this stood the cemetery. Shortly after the hospital was built, a kitchen was built at the north end of the infirmary and a *camera* and other buildings were erected around a garden close to the east of the reredorter. A latrine block was located on the west side of the *camera* and on the same alignment with the reredorter serving the infirmary. Both were drained via a culvert that passed underneath them and flowed towards a pond in the north of the precinct. This culvert also passed under the length of the infirmary hall on the inside of the east wall (Smith, 1980, 92-105).

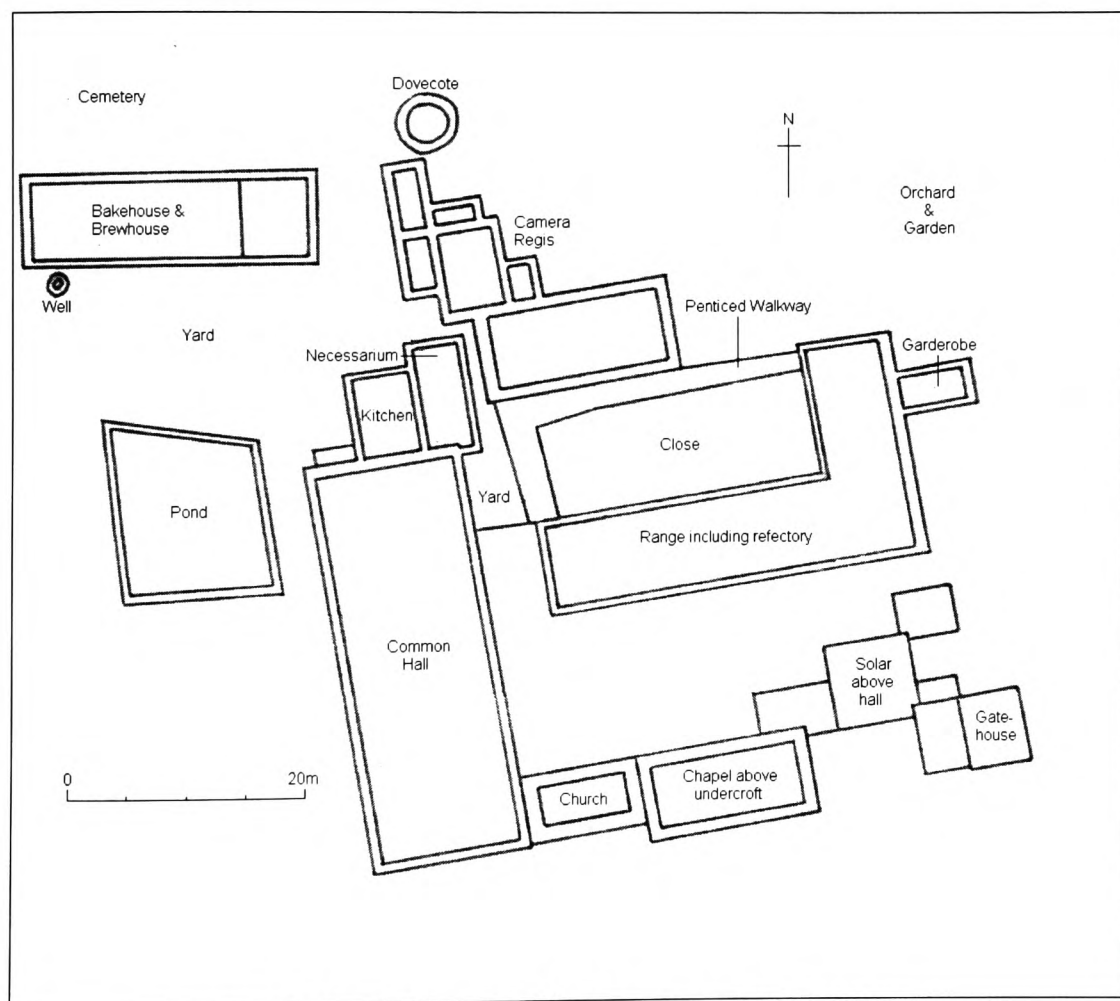


Fig. 8. St. Mary's, Ospringe, 13th Century (After Gilchrist, 1995, 26)

14th Century

The number of hospitals founded for travellers and poor and sick persons dropped significantly in the 14th century, and consequently the evidence for how they were laid out is relatively scant. The hospital of St. Magnus, located near Spittal in the Highlands of Scotland, had a chapel of 21m in length and 7m in width, which was more akin to those of the larger hospitals of earlier centuries. A cemetery and a range of buildings stood to the south of the chapel and presumably included the infirmary hall, although the dimensions are uncertain. A rectangular sunken area some 30m in length and 6m in width has often been interpreted as the site of the hospital, although this is as yet unconfirmed (RCAHMS). The hospital was first recorded as the hospital of Caithness in 1358, but by the mid-15th century it was being referred to as St. Magnus (Cowan & Easson, 1976, 191). It is therefore possible that the chapel of St. Magnus was a later addition to the hospital.

Of an even greater size than the Caithness hospital was that founded in Leicester in 1331 by Henry Grosmont, the third earl of Leicester. Originally founded for fifty inmates, the hospital of the Annunciation of the Virgin Mary was refounded in 1354 for a hundred inmates by the earl's son. The hospital had a two-storey aisled infirmary hall of seventeen bays, with a two-storey chapel at the east end, probably designed to segregate the sexes (Gilchrist, 1995, 21). The hall measured 65m in length and 13m in width, and the chapel was 9m long and 6m wide. Attached to the north side of the chapel was a 3m² sacristy (Orme & Webster, 1995, 4). Of the original fifty inmates, only those suffering temporary sickness were housed in the infirmary hall. Thirty such poor sick were provided for, with the other twenty places reserved for those with permanent disabilities or illnesses, such as blindness or the loss of a limb. These were accommodated separately in a house adjoining the hospital, and similar arrangements were made for the chaplains and the sisters who cared for the sick (Prescott, 1992, 22). Two-storey buildings were also evident in other 14th century hospital foundations. At the hospital of St. Michael at Well in North Yorkshire, men and women were segregated on different floors, with men being accommodated on the ground floor and women on the first floor (Prescott, 1992, 148). At Chapel Plaster in Wiltshire, there was a late 14th century two-storey infirmary

hall at right angles to the chapel (Prescott, 1992, 169), which may also have been intended to segregate men and women travellers.

15th Century

In the early 15th century, male and female inmates were similarly segregated at the hospital of St. John the Baptist and St. John the Evangelist in Sherborne, with the men housed on the ground floor and the women housed on the floor above. The infirmary hall was 18m long and 6m wide and was built on an east-west axis, with a chapel at the east end measuring 5m in length and 4m in width. The hall was divided into cubicles and was separated from the chapel by an oak screen (Godfrey, 1930a, 427; Godfrey, 1955, 39-40). The height of the chapel equalled the combined height of both storeys of the infirmary hall, and a gallery on the first floor of the infirmary allowed the women to witness the chapel services from above. At the west end of the infirmary hall were a kitchen and offices with dormitories above (Mayo, 1933, 72; Orme & Webster, 1995, 89).

Excavations at the 14th century hospital of St. Mary in the Horsefair at York also revealed evidence of a kitchen located at the west end of the infirmary (Richards *et al*, 1989, 15). The hospital was founded on the site of a former Carmelite friary, and the friary church was originally adapted to suit the needs of the poor and elderly clergy who were to be cared for there. The western end of the nave was divided up into four rooms and contained the kitchen and refectory, whilst the rest of the church probably served as the infirmary hall or lodging chamber with a chapel at the east end. The dimensions of the hall and chapel obviously matched those of the friary church, which was almost 7m wide and at least 24m long. A sacristy or side chapel attached to the north side of the church was extended and converted to a latrine block when the hospital was founded (Richards *et al*, 1989, 13-20). In the 15th century, the kitchen and refectory were knocked down and new buildings were erected to the north and west of the chapel, possibly built around a courtyard to form a plan similar to the quadrangular layout seen in other medieval hospitals. The domestic range to the north included the new kitchen and domestic rooms, whilst the west range probably contained the new lodging chamber. The hospital gardens, orchards and pond mentioned in a 16th century document were probably located to the west of the new quadrangle of buildings (Richards *et al*, 1989, 21-27). Although the

excavation did not reveal the full extent of the hospital, the dimensions of the west range suggest that in the 15th century the hospital complex may have been over 35m² when the new building works had been completed.

16th Century

At the beginning of the 16th century Henry VII founded the Savoy Hospital in London (Fig.1), although it was not completed until after his death. Based on the design of the Florentine hospital of Santa Maria Nuova founded in 1334, it was essentially cruciform in shape with additional buildings attached to house the master and other staff. It was single-aisled and measured c.85m long from west to east, 60m long from north to south, and 10m wide throughout. At the east end stood a Lady Chapel and at the north end was another chapel, dedicated to St. Catherine. A 30m long, three-storey building was attached to the north side of the hospital and probably housed the poor men's hall, whilst a slightly smaller two-storey building on the south side probably housed the sisters' hall. A domestic range stood to the south of the infirmary and the master's lodgings were located to the west along with a chapel dedicated to St. John. The west range of buildings also included a belfry, an ante-chapel, a vestry, and a garden. On the north side of the infirmary, between the poor men's hall and St. John's Chapel, was the hospital cemetery, and on the south side, between the sisters' hall and the south wing of the infirmary, was another garden (Prescott, 1992, 140-2; Gilchrist, 1995, 31-2; Orme & Webster, 1995, 149-50).

Leper Hospitals

11th Century

As well as founding one of the earliest hospitals for the poor sick, Lanfranc, archbishop of Canterbury, also founded one of the earliest leper hospitals. The hospital of St. Nicholas was located at Harbledown, a mile or so west of Canterbury on the Rochester Road (Orme & Webster, 1995, 22). A number of detached timber cottages were built on the side of a hill overlooking the road, along with a single-celled apsidal chapel. The apse was soon replaced by a square-headed chancel and there is evidence that

the building was partitioned down the centre from west to east, probably to segregate male and female lepers during services (Godfrey, 1929, 102; Prescott, 1992, 134-5). The staff dwelt with the lepers until they were provided with a clergy-house in the late 14th century, by which time non-lepers were being admitted to the hospital (Clay, 1909, 147).

The hospital of St. Mary Magdalen at Holloway outside Bath was probably founded in the timber hall provided by Walter Hussey in the late 11th century. The house had a chapel attached to it and hence the hospital was probably similar to many of the hospitals for the poor sick with a chapel attached to the east end of an infirmary hall. Land and livestock were included in the grant by Walter, and it seems likely that farming was carried out at the hospital by those inmates who were physically able to do so (Manco, 1998, 22-4). An infirmary hall attached to a chapel may also have been the plan adopted at the hospital of St. Bartholomew in Chatham, founded by Gundulf, bishop of Rochester in the late 11th or early 12th century. Excavations adjacent to the surviving 12th century south wall of the nave and apsidal chapel have revealed an apparent hall on the south side of the extant nave wall (Hayes *et al*, 1982), suggesting that the hospital may have had two infirmary halls to segregate male and female lepers. However, documentary evidence suggests that the present nave, of which only the south wall survives, was built in the 18th century, although the extant wall is medieval in date. Either the 18th century nave replaced an earlier medieval one on the same alignment, incorporating the medieval wall into its fabric, or the only medieval hall was the one discovered to the south. If the latter is true, then the hospital would originally have been L-shaped, with the hall aligned west-east and the chapel and north transept running north-south. The hall was at least 12m long and 5m wide, although the full extent is not known as the east end no longer exists and any evidence of it was destroyed during rebuilding works carried out in the 19th century. The apsidal chapel measured some 9m in length and was of a similar width to the hall (Hayes *et al*, 1982, 183-9). The size of the hall seems too small to have accommodated the thirteen lepers for whom the hospital was originally founded, unless either the east end of the hall extended along the length of the chapel or it was a two-storey building. Alternatively, the lepers may have been housed in individual cells, as has been suggested for the hospital of St. Stephen and St. Thomas in New Romney (Rigold, 1964).

12th Century

Excavations at the hospital of St. Stephen and St. Thomas, New Romney (Fig.9), founded about a century after that of Chatham, revealed a chapel on an east-west alignment, with a hall to the north on a north-south alignment (Murray, 1935; Rigold, 1964). The original chapel measured approximately 14m in length and 8m in width and had a north aisle, possibly to allow staff to separate themselves from the leprous inmates

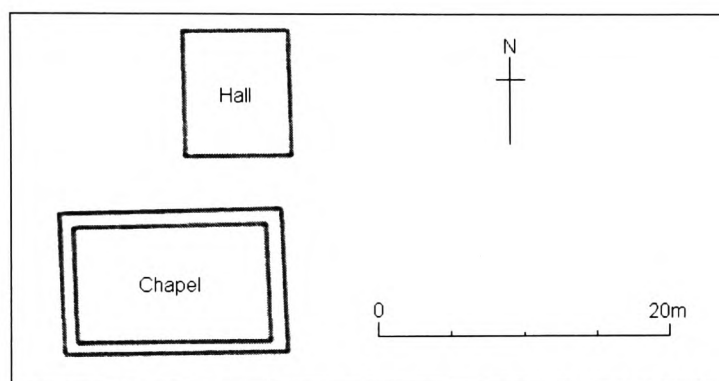


Fig. 9. SS Stephen & Thomas, New Romney, c.1185 (After Rigold, 1964, 52)

during services. It was not uncommon for groups within a hospital, such as men and women, laymen and priests, and leprous and non-leprous, to be kept apart as much as possible within the confines of the hospital precinct (see p.61), although some contact was obviously necessary. The hall to the north was similar in size or perhaps slightly smaller and was interpreted as a hall for the master and clerks, with possible cells for the inmates located to the south of the chapel (Rigold, 1964, 68-9). Separate chambers for lepers are known at other hospitals, such as St. Stephen's in Norwich which had four leper cottages by 1315. This accommodation may have existed since the hospital's foundation in the 12th century (Rawcliffe, 1995, 48-9). The sizes and the L-shaped layouts of the two Kent hospitals of SS Stephen and Thomas, New Romney and St. Bartholomew, Chatham are remarkably similar, although the alignment of the halls is different probably due to restrictions imposed by the natural landscape at both sites.

At St. Giles by Brompton Bridge in North Yorkshire (Fig.10) excavations have also revealed a hall, similar in size to those of the Kent hospitals, as well as a small

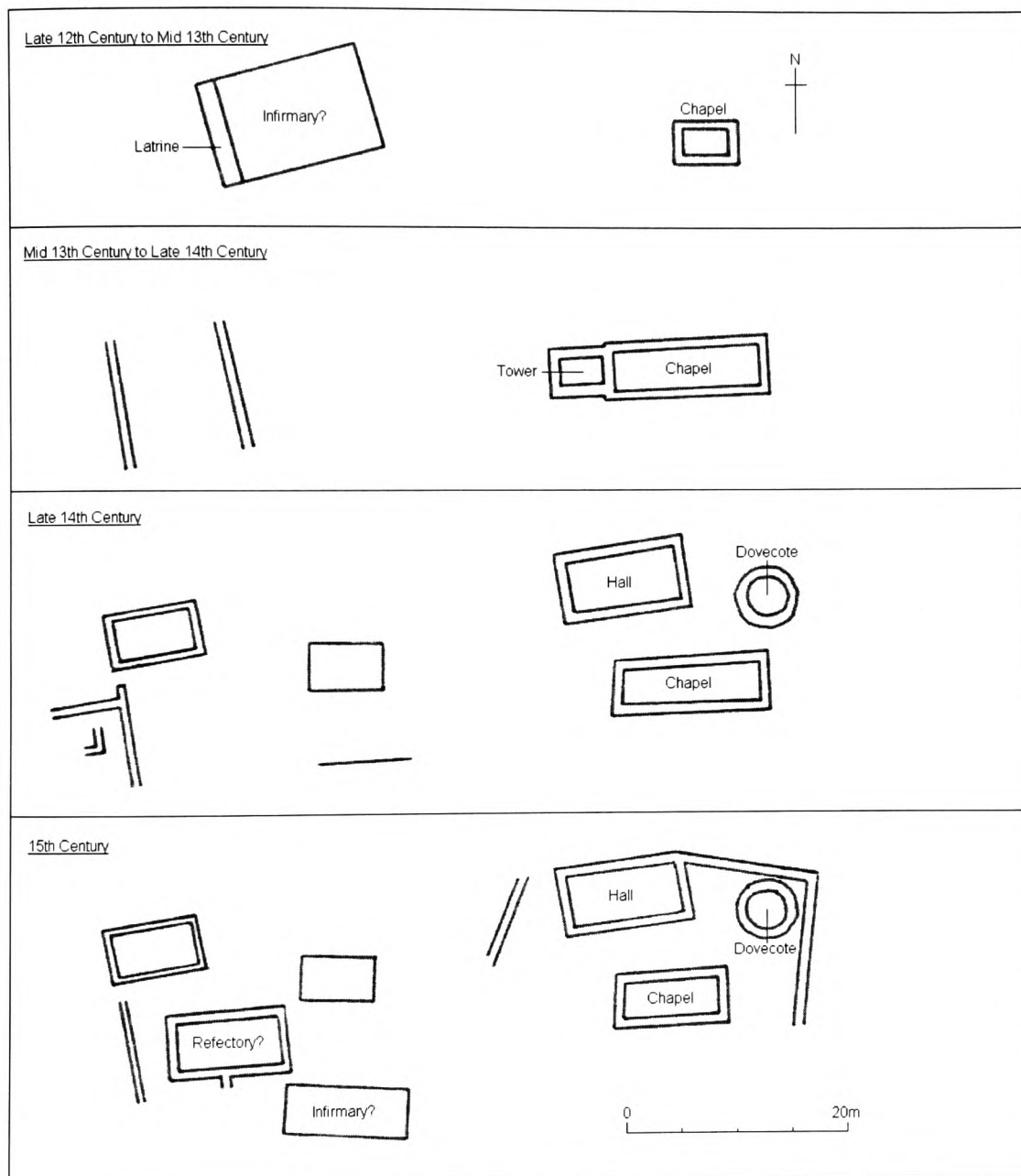


Fig. 10. St. Giles by Brompton Bridge, North Yorkshire (After Caldwell, 1995, 123 & 234)

stone chapel (Cardwell, 1995). The timber hall was approximately 13m long and 9m wide and was situated to the west of the stone chapel, which measured about 6m long and 4m wide. Both structures were built on an east-west alignment. Attached to the west end of the hall was a lean-to structure built over a gully which has been interpreted as a latrine. South of the hall there was evidence for other structures, although the size and function of these buildings is unknown. The hospital was situated beside a bridge over the River Swale, and the chapel and hall stood either side of the road that led up to the bridge. This arrangement may have been used to allow passing travellers to use the chapel, whilst the leprous inmates remained isolated in the western section of the hospital. Although the number of inmates is unknown, evidence from burials in the cemetery on the south side of the chapel suggests a very small number were cared for at the hospital. The hall may therefore have been sufficient to house the inmates, although it may have accommodated the master and staff, with the structures to the south housing the lepers (Cardwell, 1995, 122-9).

The hospital of St. Giles-in-the-Fields at Holborn was located beside the old Roman road that led out of London to the west, and the present parish church of St. Giles may occupy the site of the original hospital chapel (VCH Middlesex, 1969, 204-12). The 12th century hospital buildings included the chapel, houses for the lepers, master's lodgings, and accommodation for a chaplain, a clerk and a servant (Honeybourne, 1963, 25). The precise layout of these buildings is not certain, but a 16th century plan of the hospital shows a triangular precinct with the church at the centre and several hospital buildings to the west, including a hospital mansion and a doctor's house (Clay, 1909, pl.xii). This suggests a plan roughly comparable with that of St. Giles, Brompton, with east-west aligned domestic buildings in the western half of the hospital and a detached chapel to the east of these. The church at Holborn also served the parish as well as the hospital and was divided down the centre by a wall, with the parochial church on the north side and the hospital church on the south side. Gardens, orchards and a pond are also shown on the 16th century plan along the southern edge of the precinct.

At St. Mary Magdalen's leper hospital in Winchester a row of cells ran parallel to the chapel on an east-west alignment, with the master's house on a north-south alignment connecting both buildings and forming a close. The chapel was larger than most others

measuring over 21m in length and 9m in width. The master's house was over 14m long and 6m wide, whilst the row of leper dwellings was about 57m long and 6m wide (Clay, 1909, 118-9). The hospital was founded for eighteen inmates, suggesting that if the dormitory were divided into individual cells, each would have measured approximately 3m by 6m internally. Recent excavations of the hospital confirmed the presence of the chapel, master's lodge and row of leper houses, but failed to locate a common hall on the east side of the close mentioned by Clay (1909, 118), although when the hospital was refounded in 1400 a common hall and dormer was mentioned along with six houses and the master's lodge (VCH Hampshire, 1973, 197-200). The cemetery lay to the west of the hospital.

Lepers at other hospitals were accommodated in halls, such as in the hospital of St. Nicholas located outside Walmgate Bar, York, which had a 20m long aisled hall which was divided into small rooms by at least the 13th century (Clay, 1909, 117; Gilchrist, 1995, 45). The layout of the late 12th century hospital of St. James at Dunwich in Suffolk appears to have been more akin to that seen in poor sick hospitals. An infirmary hall about 18m long and 8m wide was built on an east-west axis with a chapel attached at the east end. This chapel, the remains of which stand in the churchyard of the present day parish church of St. James, had an apsidal end and measured approximately 12m in length and 7m in width (Clay, 1909, 122; Prescott, 1992, 160; Orme & Webster, 1995, 89). By the early 13th century the hospital was admitting poor inmates as well as leprous ones, and it may be that Walter de Ribhoff had the poor in mind when he founded it during the reign of Richard I. An infirmary hall was also attached to the chapel of St. Petronilla's hospital for leprous women in Bury St. Edmunds (Clay, 1909, 119-20).

13th Century

There is very little evidence for the layout of leper hospitals founded in the 13th century, and what is known often comes from details recorded in later centuries. At Mile End in Middlesex for instance, it is known that the hospital had a chapel dedicated to Our Saviour and St. Mary Magdalen, as well as a group of houses with six beds and some rooms for the master by the early 16th century (VCH Middlesex, 1909, 204-12). By the late 15th century, the former leper hospital of St. Leonard at Tickhill in South Yorkshire

had become a hospital for poor men and had a large infirmary of ten bays (Prescott, 1992, 158). By 1547, the hospital of St. Margaret and St. Anthony at Wimborne in Dorset had become an almshouse with a row of single-storeyed houses accommodating eight poor men. Adjacent to the current almshouse is a small chapel that dates back to the early 13th century and formed part of the leper hospital, although nothing is known about the rest of the buildings associated with the original foundation (Prescott, 1992, 21).

A number of 13th century leper hospitals, as with many earlier foundations, were later reused or refounded as almshouses, including the hospital of St. Laurence in Cirencester, which was changed to an almshouse for two women in c.1336. A survey of 1546 states that the hospital did not have its own chapel, but that the hospital of St. John the Evangelist, which stood in the same street, did have a chapel at that time (Fuller, 1893, 54-57). There is no evidence that St. Laurence's hospital had ever had a chapel, either as a leper house or as an almshouse, and it is possible that the almswomen may have attended services at the chapel of the nearby St. John's hospital for the poor. However, St. John's hospital did not obtain a license to build a chapel until c.1320, almost two hundred years after the hospital had been founded, and during that time mass had never been celebrated in the hospital (Leech & McWhirr, 1982, 191). This may also have been the case throughout the history of St. Laurence's hospital, and might explain why it survived the Dissolution, despite having been run by Cirencester Abbey since the 14th century.

14th Century

Compared to the 13th century, the number of leper hospital foundations fell by almost two-thirds in the 14th century. This decline was most noticeable after the Black Death when leprosy was less prevalent in most areas of England and Wales. In Scotland, however, the need for new leper hospitals does not appear to have been reduced. During the two hundred years that followed the plague there were as many new foundations in Scotland as there had been in the three hundred years that preceded it. The relatively small number of new foundations generally, however, has resulted in a paucity of evidence for the size and layout of 14th century hospital buildings equivalent to that for the previous century.

As mentioned previously, the 12th century foundation of St. Stephen in Norwich had four leper cottages by the early 14th century, and at least two other leper hospitals at Norwich also had separate dwellings for the inmates. At St. Leonard's, to the north of the town, there were a few wooden leper houses that were in need of repair in 1335 (Rawcliffe, 1995, 163), and at the leper hospital of St. Giles there were at least seven cottages by 1308 (Rawcliffe, 1995, 49). All three hospitals had their own chapels, and like many other *leprosaria* they all began to minister to the poor or sick in the 15th or 16th century. In the early 16th century, a chapel and at least three cottages formed part of the hospital of St. Margaret founded at Honiton in Devon in the 14th century. This was still a leper hospital at that time, although it too was later refounded as an almshouse after the Reformation (Orme & Webster, 1995, 249-50).

The lepers at the late 14th century hospital of the Holy Trinity at Boughton in Kent were accommodated in a large infirmary hall rather than in separate dwellings. This hall was almost 46m long and 16m wide, and the hospital chapel was of a similarly substantial size (VCH Kent, 1926, 208). At Elgin in Scotland the foundations of an extensive leper hospital were discovered during trenching works in the late 19th century, although unfortunately they were removed without being properly recorded (MacKintosh, 1914, 122-3). The size of the chapel at the hospital of St. Ninian at Kingcase, also in Scotland, was closer to the majority of those known from previous centuries, measuring about 11m in length and 5m in width (MacLennan, 2003, 39). The chapel of St. Mary Magdalen at Taddiport in Devon was slightly smaller, with a length of 9m and a width of almost 4m, although this chapel also had a transept attached to the north-east side (Orme & Webster, 1995, 259).

15th and 16th Centuries

There were less than a dozen leper hospitals founded in Scotland in the 15th century and the first half of the 16th century, and even fewer in England. In Wales, there are no known leper houses founded after the early 14th century. Of the few late medieval foundations very little is known about their size or layout. At the leper hospital of Ayr, possibly founded in the early 15th century, the inmates were accommodated in separate houses. By the middle of the century the burgh could only afford to maintain four lepers

at the hospital, and in 1452 all but two of the leper dwellings were torn down. By the following century the hospital appears to have been caring for the poor and infirm (Cowan & Easson, 1976, 170). The hospital of St. Anthony at Highgate in Middlesex must have been very small as it was built on an area of land granted to the founder, a leper named William Pole, which measured about 18m by 7m. The layout of the hospital is unknown, but it included a chapel dedicated to St. Anthony (Honeybourne, 1963, 16). Even with a chapel as small as the one built at St. Giles by Brompton Bridge in North Yorkshire in the 12th century, there would be little room left to build more than perhaps one or two dwellings for the lepers.

Almshouses

12th and 13th Centuries

Although almshouses became the most common type of hospital to be founded after the Black Death, there were a number of earlier foundations, particularly in southern England. One of the first to be founded was established in Winchester by a man named Osbert who, in the early years of the 12th century, built five cottages in which to accommodate indigent people (Orme & Webster, 1995, 84). In the late 1950s, demolition work at the site of Burton's Almshouse in Bristol revealed evidence of occupation dating back to the late 13th century. This added weight to the suggestion that the almshouse had been founded in 1292 by Simon Burton, five times mayor of the town. A survey of the foundations indicated a building at least 16m long and 6m wide, with another building at the east end measuring at least 11m in length and 9m in width. There is no evidence to suggest that the first of these buildings was divided internally, but the second was subdivided centrally along the east-west axis. On the south side of the first building was a small courtyard, measuring about 5m long from north to south and 4m from east to west, which was surrounded by other buildings. Further to the west were more buildings that may also have been part of the original foundation. Although the evidence is far from conclusive, the suggestion is of a hall with a chapel attached at the east end and ranges of buildings surrounding a courtyard on the south side (Sampson, 1909, 89; Marochan & Reed, 1959, 121; Price & Ponsford, 1998, 221).

14th Century

In the early 14th century another mayor of Bristol, John Spicer, also founded an almshouse in the town. As with Burton's Almshouse, Spicer's Almshouse consisted of a long, narrow building running parallel to the street. This was a two-storey structure that was at least 25m long and 4m wide and was divided into at least five rooms which were modified towards the end of the century. At the rear of this row of dwellings was a hall, a kitchen and a garden, and overall the hospital buildings may have been laid out in a quadrangle (Price & Ponsford, 1998, 221). Another almshouse in existence by the early 14th century was Maynard's Spital in Canterbury, although this hospital may have been founded as early as the 12th century (Hill, 1969, 31; Sweetinburgh, 2004, 71). This consisted of a row of dwellings for four almswomen and three almsmen, with a chapel in the middle. Three additional houses were added in the early 17th century for another two almswomen and another almsman (Hill, 1969, 31).

A similar row of houses, known as the 'Ten Cells', was built at Grendon's Almshouse in Exeter by the end of the century. This hospital did not have its own chapel though. Instead, the almsfolk of Grendon's worshipped at the church of St. Mary Major, as did those of Bonville's Almshouse, which was founded at the beginning of the 15th century (Orme & Webster, 1995, 88). The Maison Dieu in Arundel, founded by Earl Richard Fitzalan in 1395 for twenty almsmen, had its own chapel dedicated to the Holy Trinity. The hospital buildings were laid out in a quadrangle, with the chapel located at the east end of the north range and a common hall in the south range. The east and west ranges probably contained lodgings for the master and brethren and other domestic buildings, as well as a gatehouse near the south-west corner of the courtyard. The north range was about 35m long and 8m wide, whilst the other ranges were about the same length but some 2m narrower (Evans, 1969).

15th Century

In 1445, Cardinal Beaufort founded the Almshouse of Noble Poverty at the hospital of St. Cross in Winchester. Three ranges of buildings on the north-west side of the hospital church provided dwellings for the master and almsmen as well as a refectory, and on the east side of the quadrangle was an infirmary over an ambulatory connecting

the north transept of the church to the east end of the north range. Outside the gatehouse in the north range was a smaller courtyard surrounded by the Hundred Men's Hall on the east side, the kitchen and stables on the west side, and an outer gatehouse on the north side. Each of the almshouses had a sitting room and a bedroom with a fireplace, as well as a pantry and a garden. Running along the back of the houses was a stream that ran into the river further to the south. The west range of dwellings was about 80m long and 8m wide, with the shorter north range about 55m long. The ranges around the rectangular outer courtyard were smaller again at 25-30m in length. The narrow infirmary was about 40m long. During this period of expansion at the hospital, no appreciable changes were made to the large church that already existed (Godfrey, 1924, 344-6; Warren, 1969, 9-19).

God's House at Ewelme in Oxfordshire was built at the west end of the parish church in 1437. Although much smaller than Cardinal Beaufort's almshouse at Winchester, it was similar in plan. The dwellings were arranged around a courtyard and each had a sitting room with a fireplace, and a bedroom on the floor above. The almshouse did not have its own chapel, but instead the inmates were allowed to use the south aisle of the parish church. A stairway led directly from the almshouse to the church, and above this was a chapter room. A kitchen was located in one corner of the quadrangle and at the centre of the courtyard stood a well. Another range of buildings leading off the quadrangle served the grammar school that was attached to the almshouse, and surrounding the buildings were a series of gardens for the almsmen and the masters of the almshouse and the school (Clay, 1909, 111; Godfrey, 1955, 44-5; Gilchrist, 1995, 55).

A schoolmaster was also provided to educate poor children at the hospital of St. John the Baptist in Lichfield when it was refounded as an almshouse in 1495. The new almshouse had a range of two-storey houses added at right angles to the east end of the chapel, creating a quadrangular layout, and the former hall to the west of the chapel was converted into a master's house (Prescott, 1992, 159). At Higham Ferrers in Northamptonshire, a boarding school was attached to the almshouse by its founder Henry Chichele, archbishop of Canterbury (Clay, 1909, 27-8). The hospital was founded in a churchyard in 1423 and had an infirmary hall of six bays. The infirmary was originally divided into cubicles for each of the twelve almsmen. It was about 20m long and 7m

wide, and had a two bay chapel at the east end that was about 5m long and 5m wide (Godfrey, 1953, 192; Prescott, 1992, 144-5). Not long after Archbishop Chichele had built his bedehouse at Higham Ferrers, a similar almshouse was founded at Wells in Somerset by the will of Bishop Nicholas Bubwith. The almshouse of St. Saviour (Fig.11) was built outside the north wall of St. Cuthbert's churchyard, and the twenty-four poor people housed there were accommodated in an infirmary hall that was also divided into cubicles. The hall was about 28m long and 6m wide and had a 7m long chapel at the east end, separated from the hall by a carved oak screen. Attached to the west end of the hall was a Guild Hall, which was built at the same time as the almshouse. The cubicles at St. Saviour's were later replaced by two-storey rooms (Godfrey, 1930b, 462-4).

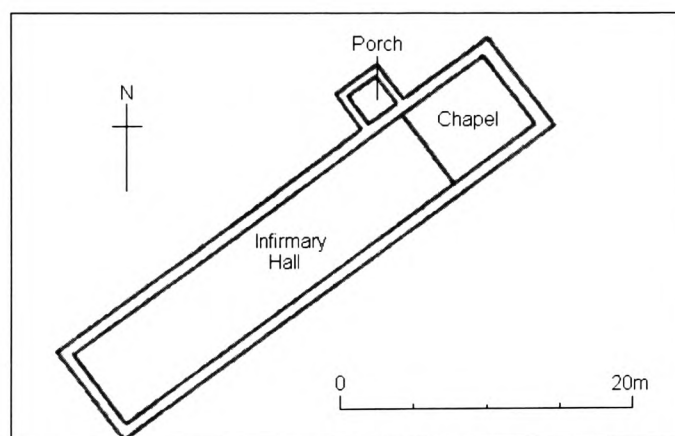


Fig. 11. St. Saviour's, Wells, c.1436 (After Godfrey, 1955, 31)

Trinity College Almshouse at Tattershall in Lincolnshire and St. Helen's Almshouse at Abingdon in Oxfordshire were also located next to churchyards. Both consisted of a long row of separate chambers in which thirteen inmates were accommodated. The row of single-storey almshouses at Tattershall was just over 50m long and 5m wide, with a common hall at the west end and a chapel at the east end (Crust, 2002, 20-1). At Abingdon, the almshouse was about 60m long and 4m wide with the common hall in the middle of the row. There was no chapel at the almshouse as the inmates attended service in the south aisle of the nearby church, just as the almsfolk at Ewelme did. Most of the chambers had one floor only, but that at the south end had two

floors and was presumably given over to the two chaplains who carried out the services in the church (Preston, 1930, 7-19). Hosier's Almshouse at Ludlow in Shropshire was located at the west end of the churchyard of St. Lawrence's. The inmates were members of the Palmers' Guild and attended services at the north chapel of the church, founded by the guild and dedicated to St. John the Evangelist. Thirty-three separate chambers were provided for the almsfolk, each with their own fireplace (Prescott, 1992, 153; Knowles & Hadcock, 1994, 375; Orme & Webster, 1995, 44). Spencer's Almshouse at Lewin's Mead in Bristol, founded in the late 15th century, was described in the mid-19th century as a single storey range about 30m long and 10m wide with a narrow courtyard or path running beside it (Price & Ponsford, 1998, 221-2), but no chapel was mentioned and it may be that the almsfolk attended services elsewhere, perhaps at the nearby church of St. James.

Foster's Almshouse, founded in the same town only a few years later, did have its own chapel, dedicated to the Three Kings of Cologne, at the east end of a row of dwellings that measured about 25m in length and 7m in width. A second row of buildings, possibly of a similar length, stood at right angles to the first forming an L-shaped hospital around a courtyard (Sampson, 1909, 101-2; Price & Ponsford, 1998, 222). An L-shape layout was also adopted at the 15th century Beacon Street Hospital in Lichfield when it was rebuilt at the turn of the century. The almshouse for fifteen old women had a series of two-storey chambers either side of a central porch, which had a chapel above it on the first floor (Prescott, 1992, 158-9). The almshouse of SS Mary and Martin at Peasholm in York, founded by the Guild of St. Anthony in the mid-15th century, also had a first floor chapel. On the same floor was a hall with rooms either side for the seven almsmen and a chaplain, and on the floor below was an antechapel (Prescott, 1992, 148-9). The almshouse of All Saints at Stamford in Lincolnshire also had a hall with rooms either side of it for almsfolk, although these were on the ground floor. The floor above was used as an audit room or council chamber, and at the east end of the building was a chapel that extended in height from the ground floor to the roof. On the north side of this building was a courtyard with a cloister on the west side, a range of domestic buildings on the north side, and warden's lodgings on the east side (Godfrey, 1955, 40-1; Prescott, 2002, 139-40; Crust, 2002, 20).

16th Century

The two early 16th century almshouses founded in Coventry were both quadrangular. The first of these was Ford's Almshouse founded in 1509, which had a narrow courtyard, about 12m long and 4m wide, surrounded by two-storey buildings. Two of the ranges contained dwellings for the staff and inmates and each had a bedroom on the upper floor. The chapel was unusually located on the first floor of the west range above the accommodation for the sisters, and one of the upstairs rooms in the east range was used as a common hall (Prescott, 1992, 168; Gilchrist, 1995, 55). The other 16th century almshouse in Coventry was Bond's Hospital, first planned in 1506 but not completed until c.1538. There were two hospital ranges that, together with the collegiate church of St. John to the south and Bablake's Boys' Hospital to the east, formed a quadrangle. The north range contained a common hall, kitchen, and dining room on the ground floor, with rooms for the ten almsmen on the first floor. The rooms on both floors at each end of this range were larger than the others and may have accommodated the priest and the sister who attended the inmates (Clay, 1909, 116; Prescott, 1992, 167). A chapel adjoining the hospital is mentioned in the 18th century and may have been located in the west range, as at Ford's Almshouse. It was presumably dedicated to the Holy Trinity as the almshouse was founded for members of the Trinity Guild. Alternatively, a chapel may have been founded in the church opposite. This had been established by the Guild of St. John the Baptist in the 14th century, and the Trinity Guild may have founded a chapel in the church just as the Palmers' Guild had done in Ludlow a century before.

The founder of Greenway's Almshouse at Tiverton in Devon also founded a chapel in a nearby church, yet the almshouse that he willed to be founded was still provided with its own chapel. The small 4m² structure was attached to the east end of the almshouses, which consisted of an 11m long two-storey house that was divided into six rooms. Despite having their own chapel though, the five almsmen were attending services in the parish church by 1546, as they did not have their own chaplain (Godfrey, 1955, 76-7; Prescott, 1992, 116; Orme & Webster, 1995, 262).

Hospital Lands & Buildings

i) Infirmary Halls and Chapels

Not surprisingly, a large numbers of patients at a foundation demanded large infirmary halls. The hospital of St. John the Baptist in Canterbury (Fig.4), founded for sixty inmates, had a hall over 60m long (Parfitt, 1991, 20). When refounded in the early 13th century, a similar or greater number of inmates at St. Mary Spital in London led to the construction of a new hall of similar proportions to that of St. John's. This was replaced by another hall in the late 13th century that was about half the size, but had two storeys (Thomas *et al*, 1997, 103). Hospitals were more usually founded for a dozen or so inmates, with single-storey infirmary halls averaging between about 15m and 25m in length. However, a smaller number of patients did not always result in a smaller infirmary hall. The infirmary hall at the hospital of St. John the Evangelist at Cirencester was about 30m in length (Leech & McWhirr, 1982, 192), whilst the hall of St. Mary's at Chichester was over 36m long (Godfrey, 1959, 134), despite both only having about a dozen inmates. It may be that such hospitals were originally intended for a greater number of inmates, but failed to attract sufficient funds from benefactors to support the full number. Although there is evidence of financial hardship at many hospitals, problems at the foundation stage usually led to the total abandonment of a project. In 1369, for example, Robert of Denton was granted licence to found the hospital of St. Mary's in Barking, but he never actually built it, and a foundation outside Micklegate at York, started by Richard Yorke during the reign of King Henry VII, was never completed (Knowles & Hadcock, 1994, 374 & 409). A large hospital accommodating few inmates would certainly have provided more space per capita and as such is likely to have been deemed a better hospital. The intention of the founder may have been to create a more comfortable environment for those unfortunates who were required to seek help at the hospital. There may also have been more selfish reasons for providing a grand edifice. Hospitals were normally located in places that were highly visible, so that alms might be collected from passers-by. An impressive hospital would undoubtedly have reflected well on its founder and served as a status symbol, as well as attracting passing almsgivers. The hospital of St. John at Cirencester, for example, was founded by King Henry I (Fuller, 1893, 53), so the provision of a large hall for only a dozen inmates is understandable.

One of the reasons behind many hospital foundations was the perceived benefit that could be received from the prayers of the inmates. A greater number of inmates might therefore be desirable for the founder and benefactor, but it does not necessarily explain why a large infirmary hall would be provided for a small number of inmates, unless it was believed that the prayers of those who were more satisfactorily accommodated were somehow more potent and resulted in greater purgatorial remission for the founder. If large hospital buildings were erected for such a religious reason, one would expect the hospital chapel to reflect this best. However, there seems to have been more correlation between the number of patients and the size of the chapel in medieval hospitals, even in instances where the hall might appear to be oversized. Chapels were normally between 5m and 15m long and about 4m to 8m wide. Despite the large hall at St. Mary's Hospital in Chichester, the chapel was not particularly grand in scale, although at just under 14m long and 7m wide (Godfrey, 1959, 134) it was towards the upper range of what might be regarded as the norm. Generally hospitals with more patients tended to have larger chapels and those with fewer patients had smaller chapels, whereas this was not always the case with regard to infirmary halls. This suggests that the likeliest reason for founders erecting large infirmary halls for only a few inmates was to provide greater comfort for those intending to stay there. For those seeking to found a hospital with a religious motive in mind, a smaller building would no doubt have sufficed.

Where the dimensions of the buildings or the number of inmates are known, a high proportion of the large hospitals were in the south-east of England. Here, between half and one third of hospitals of determinable size could be regarded as large, whilst in central and eastern England the figure for each region was about one in four. There were a few large hospitals in the north, including the hospital of St. Leonard in York, the leper hospital at Sherburn in County Durham, and the Scottish hospitals at Soutra in Lothian and at Spittal in the Highlands. In Wales and south-west England, hospitals known to have accommodated more than twenty-five inmates or to have had an infirmary hall that exceeded 25m in length were equally rare, with only half a dozen examples identified. From the 14th century onwards larger hospitals became more common, particularly the almshouses of the 15th and 16th centuries which had long rows of individual cells or houses that replaced the communal halls of the earlier hospitals.

The move towards privacy in hospitals came about in the 14th century, around the same time that monastic infirmaries were beginning to be partitioned into individual cells. One of the best examples of the transformation from communal hall to individual chambers is the almshouse of St. Mary Magdalen in Glastonbury. An open infirmary hall with a chapel at the east end was founded in the 13th century, then divided into two rows of cells with a central corridor in the following century. In the 16th century the hall roof was removed and both rows of cells were converted to rows of cottages, with a dividing alleyway and a separate chapel at the end (Peers, 1930, 443). One of the earliest examples of the creation of private cells was at the hospital of St. Nicholas in York, where cells were created for the inmates in the late 13th century (Clay, 1909, 117). Almshouses founded from the late 14th century onwards were constructed either as halls containing individual cells, rows of cottages, or chambers arranged in a quadrangle around a courtyard. The bede house founded at Higham Ferrers in Northamptonshire in 1423 consisted of an infirmary hall divided into cells with a chapel at the east end (Orme & Webster, 1995, 91), and a similar layout was found at the 15th century almshouses in Stamford and Sherborne (Hallett, 2004, 6).

Before the Black Death, there was a tradition that was peculiar to the south-east of England, in particular to Kent. Rather than incorporating the chapel into the east end of the hall, they were commonly built at right angles to the infirmary forming a T-shaped or L-shaped hospital. The only known example built outside Kent prior to the 14th century was the hospital of St. Mary Spital in London (Fig.12), which was originally a simple rectangular design when founded in the 12th century, but was rebuilt in the 13th century as a T-shaped hospital. This tradition appears to have died out in south-east England in the 14th century, although there were a few later examples elsewhere. There were two L-shaped hospitals in south-west England where the chapel was at right angles to the hospital, as well as another in the West Midlands. These were not so much halls with chapels at right angles in the tradition of the earlier Kentish hospitals, but rather incomplete quadrangles with two ranges around a courtyard. The hospital that closest resembled the earlier hospitals was at Chapel Plaster in Wiltshire. Not all hospitals had their own chapel however. The staff and inmates at some institutions attended religious services at a nearby church, and this arrangement was most common in south-west

England, especially in later medieval almshouses. There were also a few in central England and the West Midlands, but none known elsewhere.

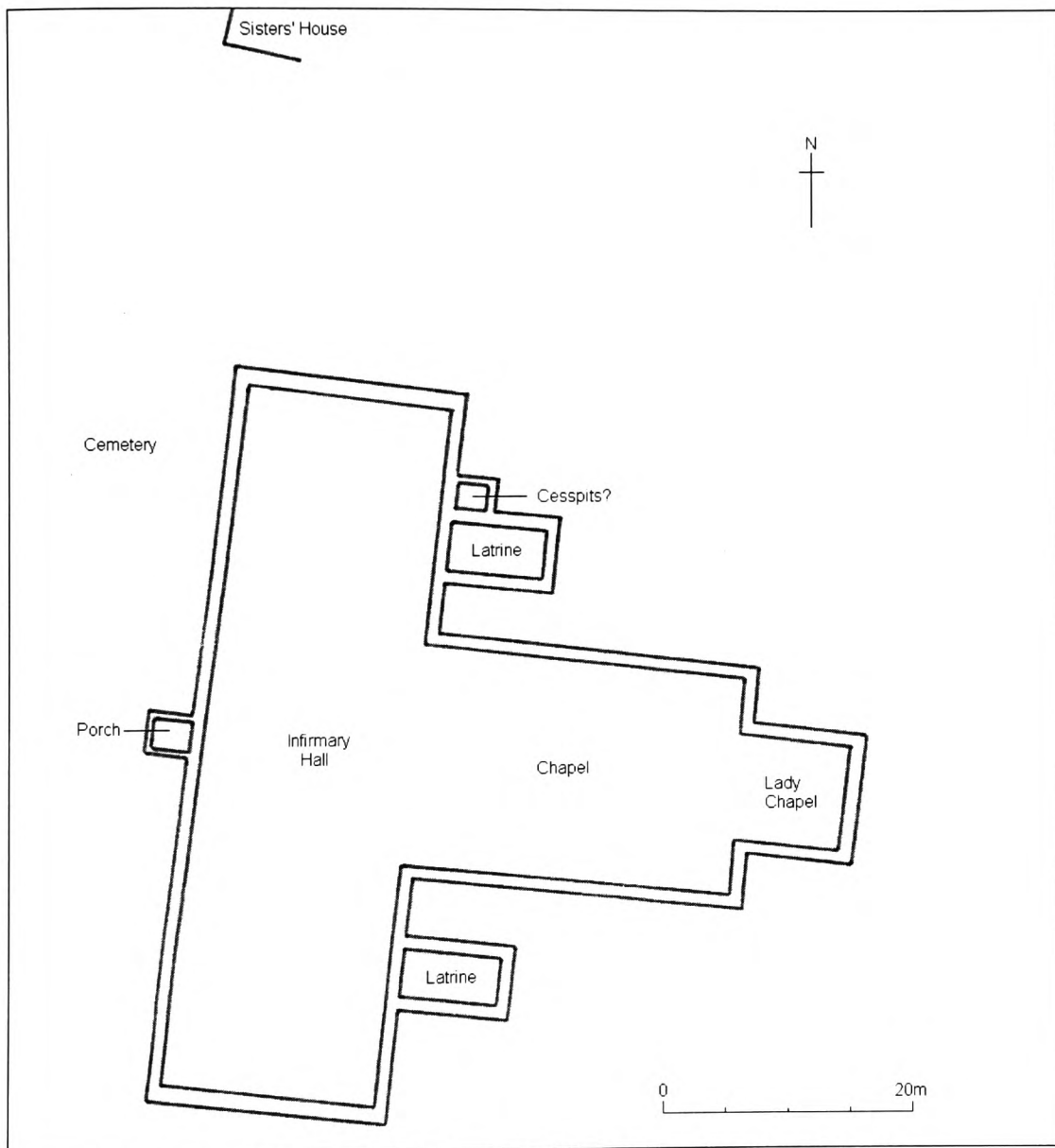


Fig. 12. St. Mary's Spital, London, c.1280 (After Thomas *et al*, 1997, 27)

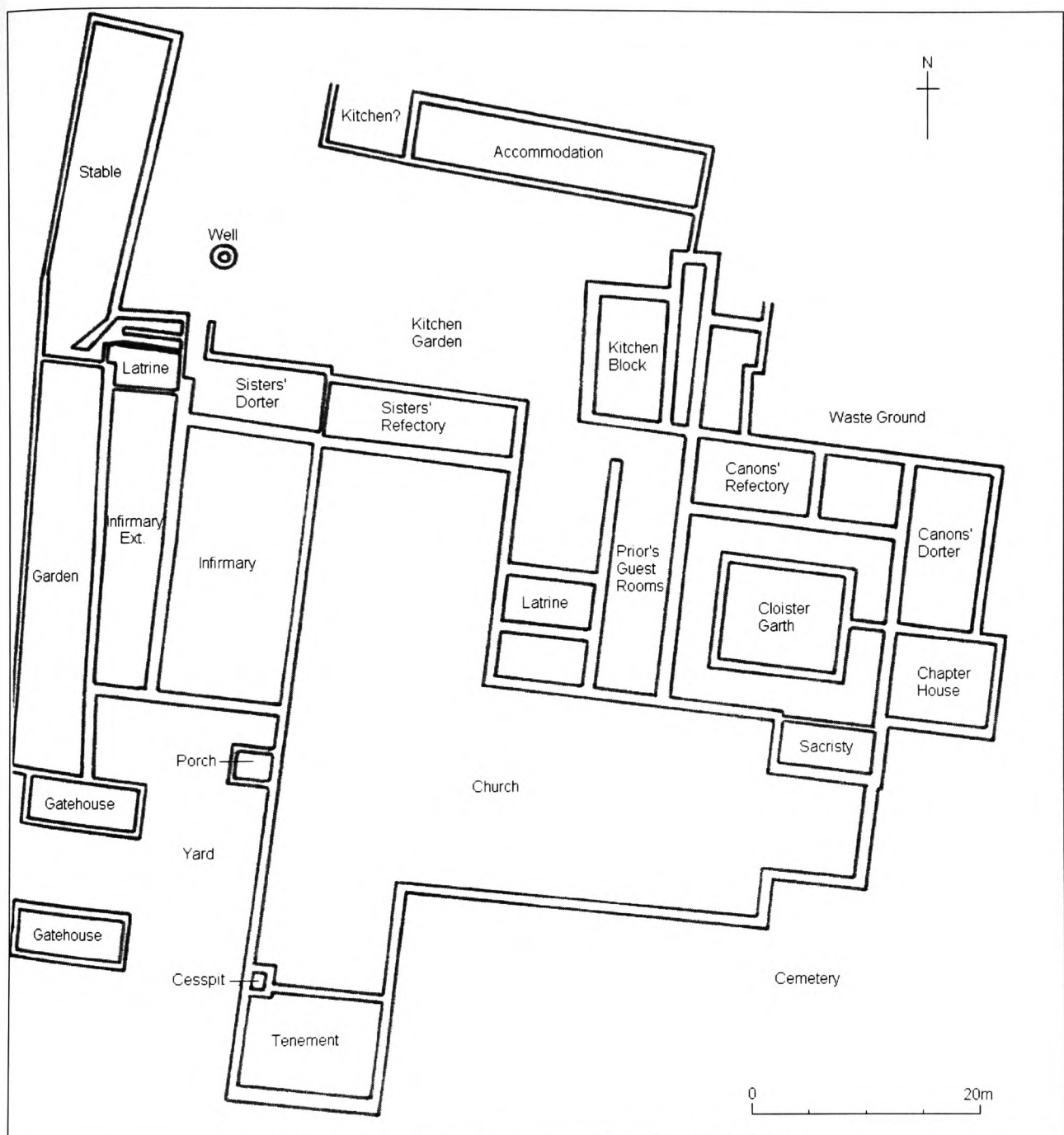


Fig. 13. St. Mary's Spital, London, c.1400 (After Thomas *et al*, 1997, fig.53)

Hospitals arranged in a quadrangle around a courtyard or a cloister show no sign of regional variation over time. The only known leper hospital arranged around a courtyard was St. Mary Magdalen's at Winchester, where a row of leper cells were built opposite the chapel and a master's house was constructed between them (Godfrey, 1955, 18). There was possibly a hall opposite the master's house completing the quadrangle (Clay, 1909, 118), although recent excavations did not uncover it (Time Team, 2001). Hospital chapels were usually located on the north or south side of the court. Those on the south side outnumber those on the north side marginally, although there appears to be no regional or chronological variation. No chapels are known to have been located on the east side of a quadrangle and only one definite and one other possible chapel in the west range, both of which were in early 16th century almshouses in Coventry. The hall or chambers accommodating inmates were more commonly located on the north or south of a quadrangle, although there were a few on the east or the west side. The kitchen was most commonly found in the north range or the west range, but rarely in the south or east range of a hospital. Gardens and orchards were usually located north of a hospital, and a cemetery, if present, was usually located on the south side of the hospital.

Parallel or twin infirmary halls, sometimes with twin chapels also, are only known in central and southern England, and were built primarily to segregate male and female inmates. The 13th century hospital of St. Nicholas in Salisbury had a hall and chapel of two aisles, one for each sex, that were divided by a central arcade of seven arches. Each aisle had its own pitched roof, and the division extended throughout the building to provide each aisle with its own chapel at the east end (RCHME, 1980, 54-5). Another way of keeping men and women apart was to build a two-storey infirmary hall and have all inmates of one gender on the ground floor and the other on the first floor. Evidence for double and two-storey infirmary halls is found mainly in hospitals for the poor sick and travellers in southern England prior to the Black Death, although a few examples are known in central and eastern England. In the 15th and 16th centuries, two-storey almshouses became more common, particularly in the Midlands and central England. In some of these later two-storey almshouses, there were a few examples where the chapel was located on the first floor rather than on the ground floor, including Ford's Hospital in Coventry, Beacon Street Hospital in Lichfield and St. Anthony's in York. Although the

numbers are very few, they appear to have been a peculiarity of northern and western England. In hospitals where both leprous and non-leprous inmates were admitted, they are likely to have been accommodated separately, as at the hospital of St. Leonard in Lancaster, where lepers were being housed in a separate building from the poor inmates by the 14th century (VCH Lancashire, 1908, 165).

ii) Kitchens

The most common location for the kitchen was to the north of the infirmary hall, either attached to it, as at the hospitals of Christ Church Priory in Canterbury (Orme, 1995, 89) and St. Mary of Ospringe (Smith, 1980, 93), or as a separate building, as at St. Catherine's in Ledbury (Hillaby, 2003, 21), God's House, Southampton (Kaye, 1976, lxxxvi) and St. Bartholomew's Hospital in Bristol (Fig.7). At the latter, the kitchen range was built opposite the infirmary with a cobbled yard in between the two. Whilst it was being rebuilt during the 14th century, a temporary kitchen was erected within the north-west corner of the infirmary (Price & Ponsford, 1998, 118-9). Where the hospital buildings were arranged around a cloister or courtyard, the kitchen would normally form part of the north range. At Browne's Hospital in Stamford (Fig.14), separate kitchens for the brothers, the sisters, and the warden were all located in the north range (Godfrey, 1955, 40). A 17th century plan of St. Catherine by the Tower of London shows the hospital kitchen in the north-west corner (Jamison, 1952, pl.xiv). At the hospitals of St. Mary Spital in London (Fig.13) and St. Giles in Norwich (Fig.15) the kitchen extended northwards at right angles from the north range (Thomas *et al*, 1997, 51; Rawcliffe, 1999, 62). Both were at the west end of the range, and this preference of west over east is evident at other hospitals. The kitchen range at St. Bartholomew's in Bristol contained a kitchen and a refectory, with the former in the western half of the building (Price & Ponsford, 1998, 119). At the hospital of St. Cross in Winchester, the kitchen was located in the west range of the outer courtyard, which was north of the main courtyard (Warren, 1969, 17). At St. John's in Bath, the land to the north of the infirmary and chapel was not initially owned by the hospital, and the kitchen was consequently built to the west of the hall (Manco, 1998, 29-31). In the early 14th century, St. Mary's Hospital in York was founded on the site vacated by Carmelite friars. The original hospital kitchen was inserted

into the west end of the friary church, but in the following century this was replaced by a kitchen in a separate range constructed to the north (Richards *et al*, 1989, 15-27).

Whilst they may have had ancillary rooms or buildings attached, such as a larder, pantry, storeroom, scullery or buttery, most kitchens were not elaborately laid out. One exception was the kitchen at St. Giles in Norwich which, by the late 14th century, had developed a courtyard of its own that included accommodation for the lay staff, a private chamber and garden for the cook, quarters for livestock that were due to be slaughtered, and a woodshed (Rawcliffe, 1999, 55-7). The essential requirements in any kitchen are fire for cooking and water for cleaning. Excavations at St. Bartholomew's revealed an oven and a drainage system that carried waste out of the kitchen (Price & Ponsford, 1998, 119), and similar discoveries were made at St. Mary Spital (Thomas *et al*, 1997, 51-2). When the kitchen at St. Mary's in York was relocated in the 15th century, the well near the original kitchen was filled in and another one built next to the new kitchen. Excavations also revealed a tiled hearth in the new kitchen (Richards *et al*, 1989, 21-3). Tiled hearths were also found at Ospringe, where the kitchen was located next to the latrine block, through which the main culvert ran. A doorway in the west wall of the kitchen led to a yard with a pond only 10m to the west (Smith, 1980, 93-4).

iii) Refectories

Whereas a kitchen would have been an essential part of a medieval hospital, a separate refectory hall was not a necessity. In monastic houses it was usual for the monks' or nuns' refectory to be located in the south range of the cloister (Gilchrist, 1995, 5-6), with the infirmary located away from the cloister to the east. Whilst it was generally prohibited for meat to be consumed in the main refectory, the sick were granted special dispensation to be given such food, and so they would be fed outside the refectory, either in a purpose-built *misericord* (i.e. a meat-kitchen where a special diet for the sick was prepared) near the infirmary or in the hall itself. As hospitals were specifically designed to provide for the sick and needy though, this segregation was not a necessity. In the early hospitals, particularly the smaller ones, inmates were fed in the central part of the infirmary hall or around a fire. The 13th century statutes of the hospital of St. Giles in Norwich stated that thirteen poor men were to be given 'good bread and drink and one

dish of meat or fish, and sometimes of cheese and eggs', which they were to eat 'by the fire in front of the chimney' (Rawcliffe, 1999, 244). Some hospitals did have separate refectories reserved for the staff, though. Although no refectory for the inmates has been identified at the hospital of St. Mary in Ospringe, suggesting that they took their meals in the infirmary hall, there was a possible refectory for the staff or visiting dignitaries located to the east of the infirmary hall. This was built on the south side of the close opposite a possible *camera regis*, where a number of English kings may have stayed during their visits to the hospital in the 13th and 14th centuries (Smith, 1980, 99-106). The five chaplains at Newarke Hospital in Leicester ate together in their own refectory (Thompson, 1937, 14), and at St. Mary Spital in London, there was a separate refectory for the sisters in the late 15th century. The latter was attached to the north end of the chapel and at the east end of the sisters' dormer, which had been built on the site of the late 13th century latrines. A passage connecting the dormer and the refectory had a doorway in the north wall that opened into the sisters' garden, and there was probably another doorway in the east wall providing easy access to the nearby kitchen. The refectory was just over 16m long and 4m wide (Thomas *et al*, 1997, 72-3).

At hospitals where food was distributed to poor non-residents on a daily basis, this would normally have been done at one of the hospital gates. However, where large numbers of poor were involved, it may have been customary to feed them in a special hall. From the early 12th century, one hundred poor indigent men were admitted daily into the hospital of St. Cross in Winchester. The Hundred Men's Hall was built at a later date, but by the late 14th century it was in need of repair following centuries of disputes over control of the institution and abuses in management (VCH Hampshire, 1973, 193-7). A hall measuring about 12m in length and 5m in width and identified as the Hundred Men's Hall stands on the east side of the outer court, though whether this was the original site is uncertain (Godfrey, 1955, 46; Prescott, 1992, 126-7). It is next to the outer gate and would have been ideally located to receive the multitude of strangers on a daily basis, without causing disruption to the permanent inmates of the hospital. The hospital of St. Mark in Bristol was originally founded in the early 13th century as an almonry run by St. Augustine's Abbey. The founder, Maurice de Gaunt, specified that one hundred poor were to be given a daily dinner in the almonry that he had built. Within twenty years

though, it had gained its independence from the abbey and the number of poor who received this daily dole appears to have been reduced to twenty-seven (Ross, 1959, xii-xiii).

Where the locations of hospital refectories have been identified, there appears to have been a preference for locating them on the north side of the hospital, rather than the south side favoured at monastic houses. The refectory at St. John's Hospital in Northampton was to the north-east of the infirmary hall, although it was later converted into lodgings for the master, possibly in the 14th or 15th century (Godfrey, 1953a, 181-2; Prescott, 1992, 40). At St. Cross in Winchester, the 15th century refectory formed part of the north range of the inner court. There were doorways connecting it to the master's lodgings to the west and to the kitchen on the north side, and a porched entrance on the south side opened out into the inner courtyard. The hall was approximately 12m long and 7m wide, and had a central hearth with an opening in the roof above it. High up in the east end wall was a window through which the master could observe those feasting in the hall from a chamber in the tower, and beneath the hall was a vaulted cellar (Warren, 1969, 17 & 38-9). The refectory at St. Bartholomew's Hospital in Bristol was located in the same building as the kitchen, on the north side of the courtyard. The late 13th century building was 20m long and 6m wide, with the kitchen in the west side and the refectory in the east side. The refectory had a small pantry on the north side of the room, whilst the kitchen had a larder in a similar position, and a second storey of the building probably contained dormitories (Price & Ponsford, 1998, 83). Not all refectories were located in the north range however. The dining room at Browne's Hospital in Stamford (Fig.14), founded in the 15th century, was located in the east range of the quadrangle of buildings, although there was a second hall in the north range surrounded by kitchens. The latter probably served as a refectory for the hospital staff, whilst the former may have been used by the inmates. Both rooms were small compared to other refectories, with the staff dining room about 6m long and 3m wide, and the other dining room about 5m long and 4m wide (Godfrey, 1955, 40). When the infirmary hall at St. Giles' in Norwich (Fig.15) was rebuilt by Bishop Lyhart in 1448, a cloister was added to the north with a refectory in the west range measuring approximately 14m in length and 9m in width (Rawcliffe, 1999, 61-2).

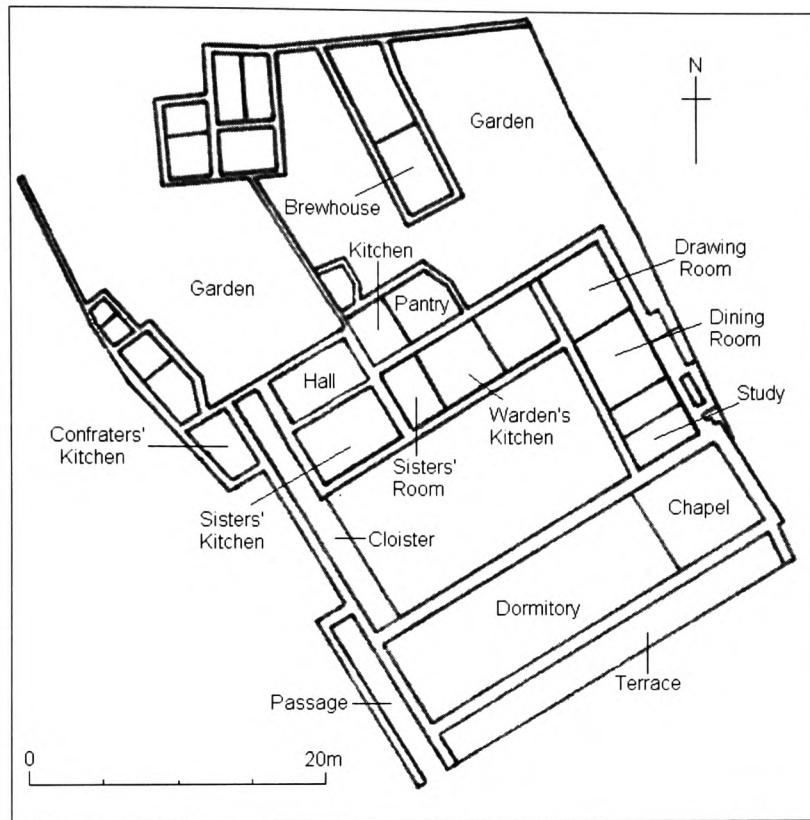


Fig. 14. Browne's Almshouse, Stamford, c.1485 (After Crust, 2002, 11)

Although not all refectories were located in the north range, they were generally positioned somewhere north of the infirmary hall, rather than to the south, which was in clear contrast to the position of most refectories of other monastic houses. This may have been a conscious effort to distinguish hospitals, which had a practical as well as a quasi-religious function, from those institutions that were purely religious. If so, this distinction could have been prompted by the 'non-religious' cuisine prepared and consumed by inmates in hospital kitchens and refectories. From the few refectories for which we have the dimensions, it would seem that they were, on average, about 6m wide and about 12m to 16m long.

iv) Latrines

Latrines were positioned so that they were in close proximity to the infirmary and as near as possible to the watercourse utilised by the hospital. Those at St. Mary's in Ospringe were located at the north-east corner of the infirmary hall and were built over a central culvert. A passageway to the south connected the latrines with the hall, and there was another entrance in the east wall (Smith, 1980, 93). At St. John's Hospital in Bath, a latrine and bath-house were built to the south of the infirmary so that they were better positioned to receive water from the Hot Bath which stood outside the south-east corner of the precinct wall. The drinking water supply came from the springs on Beacon Hill and Beechen Cliff, which crossed the river in pipes attached to the bridge to feed a cistern inside the South Gate (Manco, 1998, 29-34). The early foundations normally provided a communal latrine block with either a row of seats along one of the walls, or two rows of seats back-to-back in the middle of the room, with the watercourse flowing beneath to carry away the waste (Bond, 1993, 70). At hospitals where both men and women were accommodated two separate latrine blocks were provided. Those at St. John's Hospital in Canterbury were located to the north of the infirmary, and each had a drain running down to the Rover Stour. The latrines were possibly flushed by rainwater from the dormitory roof that flowed into these drains that emptied into the river (Bennett, 1990, 20-1). When refounded in the 13th century, St. Mary Spital probably had two latrines attached to the east wall of the infirmary hall, one on the north side of the chapel and the other on the south side (Thomas *et al*, 1997, 35-6). When a new two-storey infirmary was later built to the west, new latrine blocks were built side-by-side at the north end of this new structure, with a new drain running underneath them from east to west. One of these may have been for the sisters who attended to the inmates, with the other serving the inmates themselves. The latter had buttresses, suggesting that it was also a two-storey structure for segregating the male and female inmates. If so, a set of chutes would have connected the latrines on the upper floor with the drain below (Thomas *et al*, 1997, 46 & 53).

Communal latrines were not always located next to the infirmary. Excavations at St. Bartholomew's Hospital in Bristol found no latrines near the infirmary, and the closest ones may have been located some 30m to the north, adjacent to the kitchen and refectory, in order to benefit from the water supply (Price & Ponsford, 1998, 80 & 222). A 15th

century document from the hospital of St. Giles in Norwich refer to a latrine in the cemetery (Rawcliffe, 1999, 42), although there were probably other latrines, possibly to the north of the infirmary where the kitchen and other service buildings were situated near a water supply. At later hospitals and almshouses, private cells were sometimes provided with individual latrines, as at Whittington's Hospital in London and Beaufort's Almshouses at St. Cross in Winchester, although they were usually built on the same alignment to simplify drainage construction. Whilst latrines flushed by running water were probably desirable, this was not always possible, either because running water was not available or the founders could not afford to divert it to the hospital. Under these circumstances it would have been usual to dig pits beneath the latrines instead, although evidence of this type of arrangement is not so forthcoming. Whilst the expenses incurred in building extensive drainage systems might be found in the hospital documents, the digging of a pit was less likely to have been recorded.

v) Gates and Gatehouses

The position of the main entrance of a hospital was governed by the nearest thoroughfare along which the general throng of people would approach the institution. In a rural area there would normally be just one route that passed by the hospital, whilst in urban areas the hospital precinct might have been surrounded by a number of streets and alleyways. Founders or administrators of urban hospitals would therefore choose to position their main gateways facing onto the busiest street. The Great Gate of St. Catherine's Hospital in Ledbury was on the east side of the hospital facing onto the market frontage of Middletown, now High Street (Hillaby, 2003, 99). The gatehouse of St. John's Hospital in Canterbury opened onto Northgate Street on the south side of the hospital, as this was the only road that passed directly by the hospital. The original building was destroyed by fire, but the early 16th century replacement is still extant. This is a narrow building, about 8m long and 3m wide, with lodgings for the porter above the passageway leading into the hospital courtyard. The porter's lodge consists of two rooms, which may have been refurbished in the early 17th century (Hill, 1969, 8-12; Bennett, 1990, 20-2). At St. Mary's in Ospringe, a small room measuring just over 2m² was recorded in the 16th century above the east gate. This gateway was referred to as the

'great gate', suggesting that it was the main entry point into the hospital (Smith, 1980, 90-1). There appears to have been no preference as to which side of a main street a medieval hospital was located on, as main gateways were just as likely to be found on the north or the west side of a hospital precinct, as well as on the east or south side as evidenced above. At the Maison Dieu in Arundel, for example, the large arched gateway stood near the south end of the west range (Evans, 1969, 67-73), whereas the main entrance to the hospital of St. Cross in Winchester was located in the north range of the outer courtyard, with an entrance into the inner courtyard similarly located in the north range (Godfrey, 1955, 46).

Whereas all hospitals would have had at least one main entrance, it was not uncommon for them to have one or more additional gateways, particularly in urban areas. The Savoy Hospital in London (Fig.1), founded by Henry VII in the early 16th century, had two gateways on the north side facing onto the Strand. The main entrance, called the Great Gate, was located to the north-west of the hospital, and about 50m to the east of this was another gate, called the Poor's Gate or the Middle Savoy Gate (Prescott, 1992, 141; Gilchrist, 1995, 31). When the hospital of St. Thomas in Southwark was moved to a new site in the early 13th century, the front gate opened out into the busy thoroughfare of Long Southwark on the west side of the new site. However, this entrance way was obscured by a number of adjacent houses and shops, a situation that was made worse during the Southwark Fair, when the stalls of butchers and tanners were also erected there. As a result of this, the front gate fell out of use as the main entrance into the hospital. Instead, it was the back gate leading into St. Thomas' Street that became the most commonly used entrance way (McInnes, 1963, 32). A second gate often served a particular purpose other than merely an alternative entrance into the hospital. The lower gate, also called the water gate, at St. Leonard's Hospital in York, faced onto the river near Footless Lane, and it was from this gate that alms were distributed (Cullum, 1993, 16). The west gate at St. John's in Bath was used as a service entrance, with a large building just inside the gate. This building had an undercroft for storing the goods that were delivered to this gate, with offices and lodgings for the master on the upper floor (Manco, 1998, 30). Similarly, at St. Mary Spital in London, the service buildings to the north of the infirmary were approached via a separate gateway that led directly into the

service court. The hospital also had a postern gate on the east side of the hospital precinct, just to the south of the gardens of the prior and convent (Thomas *et al*, 1997, 131). An attempt to add a third gate at the hospital of St. Leonard in York in the early 14th century failed following protests from the city (Cullum, 1993, 16).

The main gateways into the larger hospitals were likely to have been impressive gatehouses, with rooms above or to the side of the entranceway. As mentioned above, both St. John's in Canterbury and St. Mary's in Ospringe had chambers over the entrances. At St. Mary Spital, the main gatehouse was located in the west wall of the precinct to the south-west of the infirmary, and had twin chambers located either side of the 6m wide passageway. These chambers were each about 12m long and 4m wide, and divided into three rooms of similar sizes, and the upper storey had a room over the passageway that connected both chambers (Thomas *et al*, 1997, 53-4). All of the gatehouse chambers at these three hospitals were similar in size, measuring only three or four metres in length and width, although there were a greater number of chambers at St. Mary Spital. The early 14th century gatehouse on the west side of Kepier Hospital in Durham also had rooms above and to the side of the passageway of a similar size, although the porters' lodge on the north side was somewhat grander and contained a large fireplace. In the early 14th century Durham had been attacked on several occasions by the Scots, and the hospital and its estates had not been spared by the raiders. Consequently, the new gatehouse was built with a certain degree of protection in mind, and contained two sets of doors, one at the outer arch and the other at the middle arch (Meade, 1995, 16-23).

The archway above the entrance to St. Mary Spital was engraved with the words '*domus dei*' (Thomas *et al*, 1997, 54), and similar engravings were no doubt found above other hospital entrances. At Kepier, two heraldic shields were placed above the entrance, one possibly of St. Edmund and the other belonging to Edmund Howard, who was master of the hospital when the gatehouse was built (Meade, 1995, 21-2). Statues of founders or patron saints were also placed in prominent positions, such as the statue of St. Leonard that stood in the main gatehouse on the east side of the hospital in York (Cullum, 1993, 16), and the statues of the two founders and the Holy Cross that are believed to have filled the three niches in the north side of the inner gatehouse of St. Cross' Hospital in

Winchester (Warren, 1969, 18). Above the main gate at God's House in Southampton, a bell-tower was built some time before the 14th century. The entrance stood to the west of the chapel, on the south side of the precinct, and just to the west of it were two cellars with a solar above them. Although there was a second gateway on the east side of the hospital that opened onto a crossing over the town ditch, the importance of this gate probably diminished in the 14th century when the town wall was built (Kaye, 1976, lxxv-lxxvii & lxxxiii). The proximity of the cellars to the main gate suggests that this entrance may have also served as an entrance for deliveries, perhaps with the solar being used as lodgings and offices for the master, in a similar manner to the building inside the west gate of St. John's Hospital in Bath.

vi) Towers and Belfries

From the 14th century onwards, towers were added to a number of hospitals, particularly the larger and wealthier ones; a few earlier examples are known. Three royal foundations of the 12th and early 13th century were drawn by Matthew Paris in the middle of the 13th century, and each shows a tower between the nave or infirmary hall and the chapel. The earliest of these was the leper hospital of St. Giles in Holborn, founded in the early 12th century by Queen Matilda, wife of Henry I, and the other two were the *domus conversum* in London and St. John's Hospital in Oxford, both founded or refounded by King Henry III in the early 1230s (Clay, 1909, 107). A few were built over the crossing between the nave and the transepts of the infirmary, as at the Savoy Hospital in London where an octagonal lantern was built as part of the early 16th century foundation (Prescott, 1992, 141). At St. Mary Spital in London, the infirmary hall and chapel were constructed on a T-shaped plan in the 13th century, and a tower may have been built over the crossing at this time or possibly added later (Thomas *et al*, 1997, 92-4).

As hospitals were rarely built with such a crossing though, towers were normally attached to the west end of the infirmary hall or chapel. In the mid to late 13th century, a new and larger chapel was built at the hospital of St. Giles at Brompton in North Yorkshire (Fig.10), and at a later date, probably in the 14th century, a tower was added to the west end of the chapel (Cardwell, 1995, 134-5). Attached to the west end of the cruciform Savoy Hospital was the Chapel of St. John, constructed on a north-south

alignment, and to the west of this was a two-storey tower that contained the treasury and exchequer rooms (Prescott, 1992, 141). In the early 14th century a new hall was added on the south side of the existing one at St. Mary's Hospital in Dover, and attached to the south-west corner of this new hall was a tower above a vestibule (Godfrey, 1929, 104-6; Prescott, 1992, 134). The most common type of tower to be added to a hospital was a belfry. One of the earliest was probably the bell-tower attached to the south-west corner of the church at the leper hospital of St. Giles in Holborn, as drawn by Matthew Paris in the mid-13th century. The bell-tower may have been part of the original 12th century foundation or a later addition (Clay, 1909, 71 & 107). At the end of the 14th century, a bell-tower housing four large bells was built at the south-west corner of the infirmary hall of St. Giles' Hospital in Norwich (Rawcliffe, 1999, 122), and probably about the same time the chapel of St. Mary Magdalen's leper hospital in Taddiport was built with a small bell-tower at its west end (Orme & Webster, 1995, 258-9).

The addition of a tower to an existing building was not always a successful venture. Archaeological evidence at St. Mary Spital in London suggests that the foundations of the 13th century hospital were not adequate to support a stone tower, although a 16th century sketch of the hospital by Anthony van den Wyngaerde clearly shows a substantial tower. Subsequent structural alterations seem to indicate that attempts were made to remedy the inadequacies of the tower foundations, either in an attempt to keep an existing tower standing or to provide support for a newly added tower. Based on the available evidence the latter seems more likely, although the collapse of the roof in 1538 suggests that the efforts of the builders were not entirely successful (Thomas *et al*, 1997, 92-4). The addition of a tower at St. Giles' Hospital in Brampton was even more disastrous. Erected at the west end of the chapel, it blocked the original entrance into the 13th century chapel, necessitating the construction of a new doorway in the south-west corner of the chapel. Despite the addition of a buttress to the wall opposite this new doorway, the foundations proved too insubstantial to support the tower and it was either removed or collapsed before the end of the 14th century. The idea of a tower was abandoned and a new wall was built at the west end of the chapel (Cardwell, 1995, 132-44). Similar problems may have been encountered at the hospital of St. Mary in Ospringe. A 16th century schedule mentions that a belfry had once been attached to the chapel, but

by the time the document had been drawn up in 1560-1, this tower was no longer in existence (Smith, 1980, 91).

Most towers and belfries were fairly square in shape, with any difference between the length and the width of the tower rarely exceeding a metre, and on average they were about four or five metres in length and width. Those at the hospitals of St. Giles in Norwich and St. Mary in Dover were about 5m² (Rawcliffe, 1999, 62; Godfrey, 1929, 105), whereas the belfry of the Savoy was roughly 5m by 4m (Gilchrist, 1995, 31), and the tower at St. Giles' in Brompton was about 4m by 3m (Cardwell, 1995, 132). The west tower, or Middle Tower, that housed the treasury and exchequer rooms at the Savoy Hospital was larger than most, measuring approximately 9m by 8m (Gilchrist, 1995, 31), and the tower at St. Mary Magdalen's Hospital in Taddiport was relatively small at less than 2m² (Orme & Webster, 1995, 259). The tower at St. Mary Spital may have been a little larger than that of St. Giles in Norwich, as it had five bells compared to the four bells at the Norwich hospital, and evidence from pieces of moulded stone found during the excavation suggest a width of about 6m (Thomas *et al*, 1997, 92-3).

vii) Chapter Houses and Sacristies

At hospitals that were constructed or rearranged into a claustral or courtyard layout in the later medieval period, chapter houses and sacristies often formed part of the hospital complex. As with monastic houses, these were normally located in the east range of the cloister on the north side of the church or chapel. When the infirmary hall at St. Giles' Hospital in Norwich (Fig.15) was rebuilt by Bishop Lyhart in 1448, a cloister was added on the north side. The east range probably contained a chapter house approximately 5m wide by 8m long, and a sacristy of the same length and about 3m wide (Rawcliffe, 1999, 62-3). When a claustral range was added to St. Mary Spital in London in the late 13th century, the chapter house measuring about 9m in length and 8m in width was located at the southern end of the east range. The hospital chapel formed the south range, although the sacristy was inserted into the angle between the chancel and the Lady Chapel, thus forming the easternmost end of the south range, rather than forming part of the east range. This building, measuring about 8m by 4m, was accessed from the chapel and from the cloister walk (Thomas *et al*, 1997, 51). The chapter house at the hospital of

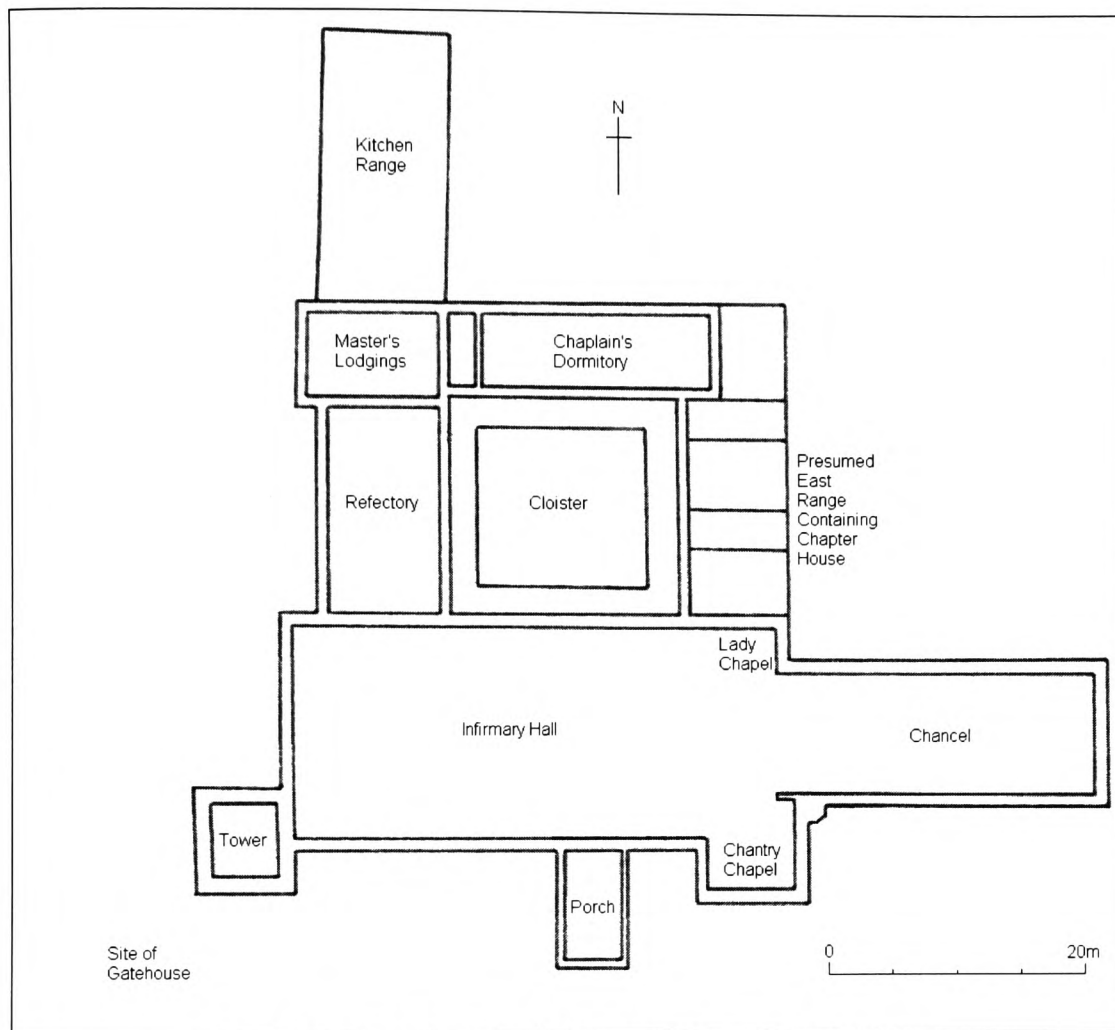


Fig. 15. St. Giles, Norwich, 15th Century (After Rawcliffe, 1999, 62)

St. Catherine by the Tower of London was also located in the east range, although there is no evidence for a separate building that was used as a sacristy (Jamison, 1952, 122 & pl.ii). Likewise, a chapter house is known to have been built at the leper hospital of St. Giles at Holborn in London in the early 14th century, but there is no mention of a sacristy (VCH Middlesex, 1969, 204-12). Presumably the chapter house was located in a similar position to those at the aforementioned hospitals in Norwich and London. A chapter house at the Bede House at Ewelme in Oxfordshire was located in the east range of courtyard buildings, above a stairway leading from the hospital to the adjacent church (Prescott, 1992, 150).

Whereas some hospitals had a chapter house but no sacristy, there were others that had a sacristy but not a chapter house, and these were normally attached to the north side of the chapel. At the 14th century Newarke Hospital in Leicester, a 3m² sacristy was attached to the north side of the chapel (Godfrey, 1955, 30), and at Poor Priests' Hospital in Canterbury (Fig.16), a sacristy about 4m long and 2m wide was also built on the north side of the chapel in the 14th century (Gilchrist, 1995, 56). At the hospital of St. Cross in Winchester, however, the sacristy was attached to the south transept of the hospital church. This was part of the original 12th century hospital that was located on the south side of the church and was also accessed via the south transept. The hospital was refounded in the 15th century on the north side of the church, but the sacristy was not moved, hence its unusual position (Warren, 1969, 20-1 & 31).

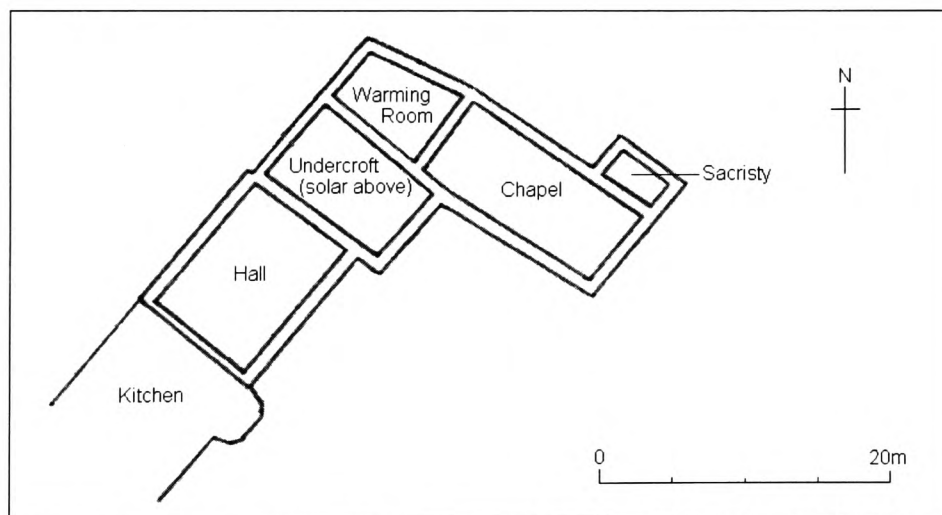


Fig. 16. Poor Priests' Hospital, Canterbury, 14th Century (After Gilchrist, 1995, 56)

The evidence suggests that the addition of chapter houses and sacristies at hospitals became more popular in the 14th century, indicating a few possible reasons. Firstly, this was the period when privacy was becoming an issues and open infirmary halls were being partitioned into private rooms or being replaced by individual cells. Whereas it would have been possible for spiritual readings to have been presented to a group of inmates in an open hall, this was not possible with the advent of private

accommodations. The alternatives were to give a number of private readings, which would have been more time consuming, or find an alternative venue for the inmates to gather. A chapter house may have served this purpose, as well as having the added bonus of providing the other functions normally associated with such a place, such as providing a meeting place for the master and his staff to discuss the day-to-day running of the hospital. These meetings became increasingly important in the 14th century as a result of more and more hospitals declining due to mismanagement by fraudulent or pluralist masters. Founders and benefactors would have been keen to impose tighter control over the running of the institutions that they were supporting, and the inclusion of a chapter house at a hospital may point to a greater accountability required from the appointed masters.

The addition of a sacristy may have been linked to the need for a chapter house, with the attempt to impose tighter control over the hospital administrators resulting in a need to keep a larger volume of important documents, as well as the desire for greater security with regard to the valuables held at a hospital. During the period of decline in the 14th century, some hospitals may have tried to overcome their financial difficulties by increasing their collection of relics or providing more indulgences in order to attract more visitors and potential benefactors. The acquisition of religious relics would not have been too difficult or expensive at a time when many religious houses were closing down due to the impact of the Black Death and other hardships encountered during the 14th century. Those that survived may have grasped the opportunity to increase their collection of relics, and thus larger reliquaries would have led to the need for sacristies in which to house them. As well as the possible practical reasons for the addition of chapter houses and sacristies, such buildings may also have been added to emphasize the religious nature of hospitals at a time when it seemed mankind was being punished by God for its waning piety.

viii) Cemeteries

Unlike the modern hospitals of today, many medieval hospitals owned their own cemeteries in which to bury their dead, whether they were staff or inmates. Occasionally outsiders might also have been buried in a hospital cemetery, although this would

normally have been frowned upon by any parish priest in the vicinity who felt that his church had the burial rights over the local population. Indeed, for those hospitals that did not have their own cemetery, it would be in the graveyards of such parish churches that the staff and inmates would normally be interred. At least two of the inmates of St. Catherine's in Ledbury were buried in the parochial churchyard, and the lack of evidence of any cemetery at the hospital suggests that all inmates who died here were buried in parochial cemeteries (Hillaby, 2003, 22). This type of burial arrangement was also adopted at most of the later medieval almshouses. Even for the earlier hospitals that desired private cemeteries, they would first have to seek permission from the ecclesiastical hierarchy, and this was not always forthcoming. Although the hospital of St. Catherine by the Tower of London had been founded in 1148, it did not have its own cemetery until almost a century later. Until that time, the brothers and sisters of the hospital were buried at the parochial church, in the parish of St. Botolph's without Aldgate where the hospital stood (Jamison, 1952, 9). Finding the available space was also an issue for those hospitals wishing to open up their own cemeteries. The hospital of St. John in Bath was founded in the late 12th century, but it did not have an area of unused land that was large enough to be utilised as a cemetery. In the 13th and 14th centuries the hospital began to acquire additional property on the north side of the hospital, until it finally had a large enough plot of land that could be converted into a cemetery. The long awaited hospital cemetery was eventually consecrated in 1336, more than a century and a half after the hospital was built (Manco, 1998, 34).

Once a hospital had obtained a license to open a cemetery, there was no general rule as to where it should be placed in relation to the hospital buildings. When the hospital of St. Catherine by the Tower of London finally opened its first cemetery in the 13th century, it was located on the east side of the chapel and measured about 25m from east to west and at least 13m from north to south. By the Dissolution, however, the hospital had opened an additional three cemeteries, one on the south side of the hospital in the Sisters' Close, and two more on the west side of the cloister, although the dimensions are unknown (Jamison, 1952, 60). The administrators at St. Mary Spital in London also appear to have had little preference when deciding where they buried their dead. The original cemetery lay to the south of the hospital and was at least 17m from

north to south and 13m from east to west and bounded by ditches (Thomas *et al*, 1997, 23). When the hospital was refounded in the 13th century, the cemetery was located on west side of the new infirmary, and to the north of original infirmary site. This cemetery was about 27m long from north to south and 20m from east to west, but had no apparent formal boundaries except where it abutted the new infirmary on the east side (Thomas *et al*, 1997, 37). When yet another new infirmary was constructed at the end of the 13th century, it was built on the site of this cemetery, and consequently a new cemetery was opened to the south of the chapel (Thomas *et al*, 1997, 63). The cemetery at St. Giles' Hospital in Brompton was also located to the south of the chapel, and extended around to the east side of the chapel too (Cardwell, 1995, 127). Cemeteries are also known to have been located on the north side of hospitals. At St. Mary's in Ospringe, the cemetery was located to the north-west of the hospital close and just north of the service area (Smith, 1980, 91). The cemetery of St. Bartholomew's Hospital in Bristol was located at the north end of the hospital precinct (Price & Ponsford, 1998, 81), and at the Savoy Hospital in London, the cemetery was situated on the north side of the main infirmary hall between St. John's Chapel to the west and the Poor Men's Hall to the east. The size of the latter was approximately 30m² (Gilchrist, 1995, 31).

ix) Gardens and Orchards

Medieval hospitals were autonomous institutions that relied on endowments and donations from external benefactors. Whilst endowments might include regular income from rents, they were also supplemented by irregular one-off donations left to them in wills or collected from almsgivers. As such, their income could fluctuate from one year to the next, and so a certain degree of self-sufficiency was required to help see them through any lean periods. Baking their own bread, brewing their own ale or beer, and rearing their own animals were therefore common activities in hospitals, as they were in monastic communities, but this required land on which to grow the essential ingredients or to graze the animals. Some of this agricultural activity took place on hospital granges or estates, but some took place within the hospital precinct. At St. Mary's Hospital in Dover, for example, a 16th century inventory indicates that the majority of sheep, cattle and pigs were kept on the farms and estates, but that a flock of sheep, a few dairy cows and a herd

of pigs were also kept within the hospital precinct (Walcott, 1868, 279-80). The land for growing arable crops or grazing sheep and cattle would have been located on the periphery of the precinct, or in the vicinity of the service buildings. The garden at St. Bartholomew's in Bristol was located in the northern half of the precinct between the sisters' dormitory and the cemetery, and not far from the bakehouse and granary (Price & Ponsford, 1998, 80). An orchard and garden recorded at St. Mary's in Ospringe in the 16th century were located on the north side of the hospital. Excavations revealed a ditch running through this area that may have carried water from the mill pond to the north-west to irrigate the land, and in the south-west corner of the garden was a pit at the base of a garderobe chute, which may have been used as a source of manure for the garden and orchard. The garden may also have had its own store-room towards the south end (Smith, 1980, 89-104). Manure from the stables and the grazing animals at St. Giles' Hospital in Norwich was used to fertilise the plots of land around the precinct, including gardens near the stables and the bakehouse courtyard, and a 'great' garden that contained not only pasture and trees, but also a woodhouse and lodge, a house, and at least one pond (Rawcliffe, 1999, 51-3). Similar gardens and orchards are also recorded at other hospitals, including St. Catherine by the Tower of London and St. Giles in Holborn, although their locations are not known. When a new infirmary at St. Mary Spital in London was built on part of the site of a former cemetery in the late 13th century, the rest of this area was subsequently used as a garden (Thomas *et al*, 1997, 63). On the east side of the hospital precinct was the prior's garden, with its own stable, and the convent garden, and to the north of these were more gardens and orchards (Thomas *et al*, 1997, 101 & 115).

As well as using land to help feed the hospital community, hospitals also had to tend to the welfare of their inmates. Treatments, beyond the normal feeding, clothing and bathing of patients, generally took the form of herbal remedies, and it was usual for a hospital to grow its own herbs, spices, vegetables and fruits, as well as producing other ingredients such as honey and beeswax. Kitchen gardens and herbariums were often set aside for such purposes, and occasionally the sisters of a hospital would grow special plants in their own garden. At St. Giles' in Norwich, for example, the sisters grew medicinal herbs in a walled garden near the kitchen courtyard, and there was a separate

kitchen garden, presumably for growing herbs and vegetables that could be used in cooking as well as for medicinal purposes. It was probably in one of these gardens that the beehives were kept for the production of honey (Rawcliffe, 1999, 51-2). The sisters' garden and the kitchen garden at St. Mary Spital in London were adjacent to one another to the west of the kitchen on the north side of the infirmary and chapel. They were separated by a wall and arcade, and both were bisected by a drain that ran from east to west (Thomas *et al*, 1997, 75-6). The 13th century kitchen garden at St. John's Hospital in Bath was located on the north side of the kitchen, and a herbarium was located to the north of the chapel (Manco, 1998, 34). A garden at the Savoy Hospital was used specifically to grow medicinal plants for the benefit of the inmates (Rawcliffe, 1999, 51), and the garden for cultivating flax and hemp, mentioned in the late 13th and early 14th century accounts of St. Mary's in Ospringe, may also have been set aside for growing medicinal plants (Smith, 1980, 89). These gardens were located in or around the inner precinct, usually near the kitchen or the sisters' dormitory, and were generally smaller than the gardens and orchards that lay on the outskirts of the outer precinct, although specific dimensions of the latter are difficult to assess as these lands were usually the first to be built upon after the closure of a hospital.

Although the later medieval almshouses rarely included the type of lands and buildings normally associated with the outer precinct of an earlier medieval hospital, they often provided the inmates with a garden, either one of their own, as at Holy Trinity Hospital in Bristol, or one for communal use within the hospital, as at Monoux Almshouse in Walthamstow. The move towards self-sufficiency within later almshouses meant that gardens were equally important for the growing of plants and herbs, although this increasingly became an activity carried out by the inmates themselves, rather than being done by hospital staff. At Monoux Almshouse, for example, the garden was bought so that the inmates could grow their own crops there, as well as use it for recreational activities or for drying clothes (Prescott, 1992, 99-100).

x) Ponds & Mills

Ponds served a number of purposes at a hospital, just as they did elsewhere in the medieval period, and their function usually governed their location within the hospital

precinct. At St. Mary's in Ospringe a watermill stood at the northern end of the outer precinct and was served by a large rectangular mill pond extending up to about 75m at its widest point, 350m at its longest, and at least 2m deep. It was located on the south-west side of the mill and extended as far south as the dovecote, on the east side of the service area. It may also have been used to irrigate the garden on the east side of the precinct via a ditch that was discovered during excavation (Smith, 1980, 83-9 & 102-4). To the west of the infirmary hall lay a much smaller pond, approximately 12m², which may have served the kitchen and the service area. Only 16th century pottery was found in the pond, suggesting that it was either built around the time of the Dissolution and used as a rubbish dump, or that it was built earlier and was regularly cleaned out (Smith, 1980, 98-9). The meticulous cleaning out of ponds is recorded at the hospital of St. Giles in Norwich, where one man worked for a week to clear out a pond in the 15th century (Rawcliffe, 1999, 42). The 15th century almshouse of St. Mary in Brentford had a small pond called the Chapel Pool, presumably indicating that it was located near the hospital chapel on the north side of the almshouses (VCH Middlesex, 1969, 204-12). Its function is unknown, but it may have been used to irrigate the private gardens of the two priests and the seven almsmen, amongst other things.

Ponds were also used to hold the freshwater fish that were intended for the table of the staff and inmates of the hospital. By the end of the 14th century there was a 'pondeyard' containing fishponds in the precinct of St. Giles' Hospital in Norwich. These were restocked by the master of the hospital with pike and roach at least twice during the early 16th century, and presumably other species of fish would also have been kept according to the tastes of the hospital community. These ponds were fed by one of the two rivulets that flowed into the precinct from the nearby River Wensum (Rawcliffe, 1999, 48), indicating that they must have been located somewhere on the north-east side of the hospital. The hospital had at least one other pond, located in the meadow in the north-east corner of the outer precinct. This meadow was surrounded by the river and the creeks that ran off it towards the inner precinct, so presumably this was less of a functional pond and more of a water feature, possibly incorporated as such by Master John Jullys when he landscaped this area in the early 16th century (Rawcliffe, 1999, 53). When the fishpond at the hospital of St. Saviour in Bury St. Edmunds was enlarged at the

end of the 12th century, it resulted in the reduction of an area of land previously used as meadows, pastures, orchards and farmland (Bond, 1993, 71), indicating that this pond was located somewhere in the outer precinct of the hospital. A fishpond located on the eastern side of the outer precinct of St. Mary Spital in London was still in use in the 17th century, although it may have been built in the medieval period (Thomas *et al*, 1997, 99 & 128). The limited evidence suggests that fishponds were generally located somewhere in the outer precinct or on the fringes of the inner precinct, whereas other ponds were built closer to the inner precinct, either near the service area or the kitchen, depending on what specific function they performed. Those closest to the centre of the hospital would naturally have been smaller than the outlying ones, due to the restrictions of space imposed by the hospital buildings.

Medieval hospitals may have owned several mills, or at least received rents from them, but most were located outside the precinct on the hospital estates. The 13th century foundation charters of the St. Mark's in Bristol indicate that the hospital owned mills at Redwick in Gloucestershire, and at Langford and Weare, both in Somerset. From the late 14th century it was also receiving tithes from a newly built windmill at Earthcott, to the north of Bristol near Almondsbury (Ross, 1959, 1-2 & 237). God's House in Southampton had two mills in the town in the early 13th century, a watermill and a windmill. The former was located near the Chapel of the Holy Trinity, and the latter was near the salt-marsh (Kaye, 1976, lxxvi). By the 15th century though, God's House had a mill within the walls, located somewhere on the east side of the precinct. This mill was driven by horses and a mill stable is mentioned in the hospital accounts for 1467-8 (Kaye, 1976, 396). Other hospitals are also known to have had mills within their precinct. The hospital of St. Catherine by the Tower of London had a mill from the time of its foundation in the early 12th century, although this was knocked down in 1190 when improvements were made to the fortifications of the Tower of London. A new mill was later built on the north-east side of the hospital, probably on the site of the original mill (Jamison, 1952, 9). At St. Leonard's Hospital in York, there was a watermill within the precinct by the end of the 13th century (Rawcliffe, 1993, 15), and by the mid-14th century, the precinct of St. Giles' Hospital in Norwich also contained a mill (Rawcliffe, 1999, 45-6). A series of late 13th and early 14th century Master's Accounts at St. Mary's in

Ospringe mentions a windmill and a watermill, as well as a millwright, within the hospital precinct, the latter of which stood to the north of the hospital near the millpond (Smith, 1980, 83 & 89). Presumably the windmill, as with all other mills located within the grounds of a medieval hospital, was also located somewhere on the outskirts of the hospital precinct.

xi) Dovecotes

As well as keeping their own livestock and fish at many hospitals, there is also evidence that some kept their own stock of birds. Those that did not usually take to the air, such as chickens or peacocks, would not necessarily have needed to be kept in a specially built construction. A fenced off area within a garden would probably have sufficed in most cases, and these would have been unlikely to leave any trace in either the written or the archaeological record. Other birds may simply have been kept in wooden crates or boxes, or in outbuildings that were not specifically built for keeping birds. As a result, the evidence of how and where birds were kept at medieval hospitals is particularly sparse, although excavations have shed a little light on the subject. A dovecote found at St. Mary's in Ospringe, and another excavated at St. Giles' in Brompton, were both circular in shape with an internal diameter of just under 4m. The 13th century dovecote at Ospringe was located north of the hospital close and had a doorway on the north side, facing the mill pond (Smith, 1980, 102). The dovecote at Brompton was built in the second half of the 14th century, and was located just to the north of the chapel. The doorway probably lay on the west side, facing the hall that was built about the same time, and a shallow pit at the centre of the building, in the area where a large number of pigeon bones were found, probably contained the base for a potence (Smith, 1980, 143-5). These birds were no doubt destined for the dinner table of the staff and inmates of the hospital. Other birds were also kept at other hospitals, including swans at St. Giles' Hospital in Norwich. These were something of a delicacy in medieval times, and by the 14th century the hospital had set aside a special area to keep them in, alongside one of the creeks that flowed into the precinct from the River Wensum. By the 15th century, the hospital also had a dovehouse on the roof of the dormitory, and a shed near the kitchen for other birds, including geese and hens. In 1502,

the master of the hospital also had a secure haven built to house his falcons, although these are likely to have been kept for hunting (Rawcliffe, 1999, 54-5). The cartulary of St. Peter's Hospital in Bury St. Edmunds contains a document listing hospital buildings that were in need of renovation and maintenance in the 12th century. These included a henhouse that was located in the kitchen courtyard (Harper-Bill, 1994, 94). The limited evidence suggests that those birds producing eggs which were consumed at the hospital, such as hens and geese, were kept near the kitchen, whilst those reared purely for their flesh, such as pigeons and swans, were usually kept elsewhere.

xii) Brewhouses and Bakehouses

Brewing was commonly carried out by monastic institutions in the medieval period, and there is evidence that some hospitals also made their own ale. Brewers or brewhouses are recorded at the hospitals of St. Catherine in Ledbury, St. Giles in Norwich, St. Mary Spital in London, St. Mary in Dover, and St. Bartholomew in Bristol, and the limited evidence suggests that brewhouses were ideally located near the kitchen. An inventory taken at St. Catherine's in the early 14th century, recorded four large malt bins, fourteen barrels and two casks in the brewhouse, and a twelve-gallon bronze ale measure in the kitchen. It was located near the kitchen, but its precise position and layout is unknown (Hillaby, 2003, 21). At St. Giles' in the late 15th century, a specialist brewer was employed by the hospital to make beer, with hops specially imported from the Continent. A few years later a 'bier leade' and large furnace were built at a time when more than twenty gallons were being produced per day (Rawcliffe, 1999, 56 & 184). The facilities for grinding malt listed in an inventory of St. Bartholomew's indicate that the hospital brewed its own ale, with the brewhouse probably located near the kitchen, in the same building that housed the bakehouse (Price & Ponsford, 1998, 84). The Hundred-Man's Hall at St. Cross in Winchester was located opposite the kitchen in the Outer Court and was later used as a brewery in the 14th century (Warren, 1969, 17).

The brewhouse at St. Mary's Hospital at Ospringe was located to the north-west of the kitchen on the north side of a cobbled courtyard. A pond was located on the south side of the courtyard, and a well stood just outside the south-west corner of the building. At the same corner of the building, in the interior, excavations revealed a baking oven

and a malting oven, and a tiled hearth against the south wall near the east end. Also at the east end, a stone pad suggested that the building may have had two storeys, and in the north wall was a tile-lined drain that had been blocked in at a later date. The evidence points to a building, measuring 24m in length and 7m in width, that acted both as a brewhouse and as a bakehouse (Smith, 1980, 96-7), and this may have been a common occurrence. A number of shallow pits and depressions were also found in the floor of this building, and perhaps these were indications of large and heavy containers like the malt bins recorded at St. Catherine's in Ledbury. Excavations of a brewhouse at Nuneaton Priory found evidence of a circular vat in the south-east corner, which had possibly been used for steeping barley (Bond, 1993, 69).

A partially excavated building just to the north of the kitchen at St. Bartholomew, Bristol was interpreted as a bakehouse based on the evidence of large fires found within the structure, and it was this building that possibly contained the brewhouse too (Price & Ponsford, 1998, 84). A building on the east side of the kitchen at St. Mary Spital in London has been tentatively interpreted as a bakehouse (Thomas *et al*, 1997, 74), and a bread oven excavated at St. Saviour's Hospital in Bury St. Edmunds may also be indicative of a bakehouse (Gilchrist, 1995, 24). The bakehouse at the hospital of St. Giles in Norwich had its own courtyard by the end of the 14th century, which included staff lodgings, the malthouse, and probably the brewhouse, which was supervised by the baker. This courtyard is likely to have been located to the north of the cloister near the kitchen courtyard, as all shared a common water supply (Rawcliffe, 1999, 55-6). At Soutra in Lothian, the kitchen and bakehouse were arranged around the same courtyard (Moffat, 1988, 11). Whilst such buildings may have been necessary in larger institutions like St. Giles, in smaller hospitals any brewing and baking is likely to have taken place in the kitchen.

xiii) Stables

Some hospital precincts are known to have included stables and, although the evidence is limited, it would seem that the most favoured location for them was near the entrance to the hospital. In the 14th century, a stable was added to St. Mary Spital in London. It was built to the north-east of the infirmary and cloister and was just under

30m long and about 7m wide. Located just north of the West Gate at the edge of the hospital precinct, the only access was from the street. Running down the centre of the stable floor was a drain, and in the north end of the stable was a smithy (Thomas *et al*, 1997, 67). The stable block at the hospital of St. Cross in Winchester was located on the west side of the outer courtyard to the north, next to the gateway (Godfrey, 1955, 46). An early 18th century plan of God's House in Southampton shows the main stable block located beside the gateway, on the site of a former solar. References to this solar cease around the late 14th century (Kaye, 1976, pl.8 & lxxxiii), and it is possible that the stables replaced the solar some time in the 15th century. Having them next to the entrance would have allowed riders to dismount and stable their horses before entering the hospital. Not only would this have been practical for the riders, but keeping the animals distant from the main part of the hospital would have kept disruptive noises and smells at a minimum and so would have been beneficial to the staff and inmates.

Stables may have accommodated the mounts of travellers that stayed at a hospital, although most inmates would have been poor pilgrims travelling by foot. Those who were wealthy enough to own a horse would probably be able to afford lodgings at an inn if available. Wealthier travellers who had fallen sick may have been admitted to certain hospitals, but many specified that only poor persons were acceptable. At the hospital of St. Thomas in Canterbury, the regulations stated that poor pilgrims were to be taken in if they were sick, provided they were not leprous, but that healthy pilgrims were only to be accommodated for one day (Wilson, 1975, 42). Whilst wealthier travellers would have been expected to seek alternative lodgings in towns like Canterbury, they may have been admitted on a temporary basis at more remote hospitals. Stables may also have housed the horses of visiting dignitaries, such as founders, benefactors, or religious officials, or even those of the master or staff of the hospital. At St. Mary's Hospital in Dover, for instance, an inventory taken just prior to the Dissolution listed three horses in 'the master's stable', four horses in 'the stable for the best cart horses', and another four horses in 'the second stable' (Walcott, 1868, 279), whilst the master of St. Leonard's in York was provided with eight horses at the expense of the hospital (Cullum, 1993, 15). By the 15th century, the master and the chaplain of the hospital of St. Giles in Norwich had their own stables, and a 'great stable' housed the horses of those who were visiting or

staying at the hospital. There were also stables for a cart-horse and a mill-horse, the former located near the bakehouse and the latter located next to a barn (Rawcliffe, 1999, 53-4).

xiv) Other Service buildings

In addition to the main facilities already mentioned, some hospitals may have had additional or ancillary service buildings. Granaries were commonly associated with bakehouses and brewhouses, and sometimes with kitchens, and a variety of buildings were used for general storage, including barns, cellars and undercrofts. The granary at St. Giles in Norwich was located near the bakehouse (Rawcliffe, 1999, 56), and St. Bartholomew's Hospital in Bristol had a granary near the kitchen and possibly a barn nearby (Price & Ponsford, 1998, 84-5). A granary containing wheat and additional barns containing a variety of grains are mentioned in the 16th century inventory of St. Mary's in Dover, and appear directly above and below the entries for the brewhouse and bakehouse, suggesting that they were associated with these buildings (Walcott, 1868, 279). By the late 13th century there was a malthouse at the hospital of St. Leonard in York, although its location is not known (Cullum, 1993, 15). A large store at St. John's Hospital in Bath was located to the south-west of the infirmary next to a back gate through which deliveries were made. An upper storey of this store may have served as the lodgings and offices of the master, similar to an arrangement found at Bath Priory in the mid-13th century (Manco, 1998, 30). A salt house at St. Giles in Norwich was constructed to hold the large quantity of salt used to preserve meat and fish, although this was replaced in the 15th century by huge 'saltbynges' that were constructed in the kitchen (Rawcliffe, 1999, 57).

Other service buildings known from historical records and archaeological excavations include a tannery and a workshop for a carpenter, wheelwright and mason at St. Leonard's in York (Cullum, 1993, 15), a smithy located in the 14th century stable at St. Mary Spital (Thomas *et al*, 1997, 67), a charnel house at St. Mary's in Ospringe (Smith, 1980, 97), an abattoir built at St. Giles in Norwich in the 15th century (Rawcliffe, 1999, 57), and a conduit house with a water tank at St. Bartholomew's in Bristol, which was built in the 14th century on the site of the former bakehouse (Price & Ponsford, 1998,

119). Such buildings may have been the exception rather than the rule, but the evidence for their layout or simply just their existence at most hospitals is not forthcoming.

xv) Schoolhouses

From the 13th century onwards, some hospitals became involved in education. They began by offering free food and lodging to poor students attending nearby schools, in an effort to ease their burden of heavy tuition fees. The statutes of St. Giles' Hospital in Norwich stated that 'seven poor scholars of the schools of Norwich ... shall have every day of the year while the school is in session one meal' (Rawcliffe, 1999, 244). Other hospitals soon followed suit, such as St. John in Bridgwater, which also provided seven scholars with daily meals, and St. Nicholas in Pontefract, which distributed forty loaves of bread weekly amongst local schoolboys (Orme & Webster, 1995, 65; Rawcliffe, 1999, 269). When the hospital of St. Catherine by the Tower was refounded in 1273, the new charter stated that of the 'twenty-four poor persons, six shall be poor scholars, who shall assist the chaplains in church at the divine services, when they can conveniently leave their studies' (Jamison, 1952, 21). Such activities would have had little or no bearing on the layout of the hospital, as the students were generally looked upon as poor inmates. However, hospitals soon began to provide schoolmasters to educate scholars within the hospitals, and this ultimately led to specially built schoolhouses being attached to hospitals by the 15th century.

Some of the earliest hospitals that provided schools included St. Bartholomew in Smithfield, which taught poor and orphaned children staying at the hospital, and was attracting fee-paying outsiders by 1260 (Rawcliffe, 1984, 2). By 1280, the hospital of St. Leonard in York was running a grammar school, with a singing master and nineteen boys (Cullum, 1993, 15), and the *domum conversum* in London was also running a school by the end of the 13th century (Rawcliffe, 1984, 18). These schools were created in existing hospitals, and nothing is known about the type of buildings in which they were held. It may be that scholars were originally taught in any suitable building or chamber that was available, such as the chapel, chapter house, or possibly even outdoors in a courtyard or cloister. At the hospital of St. John in Huntingdon, founded in the 12th century, the

hospital chapel was probably used as the schoolroom when a school was added in the 16th century (Vesey, 1903, 123-4).

The 15th century saw a rise in the number of schools in hospitals, usually associated with almshouses. At the collegiate church of St. Bartholomew at Tong in Shropshire, founded in 1410, a school was attached to the almshouse, although at the time of the Dissolution there was no record of it still existing. The schoolhouse originally stood to the west side of the church (VCH Shropshire, 1973, 131-3). At Higham Ferrers in Northamptonshire, a college, bedehouse and school were all arranged in a quadrangle around a cloister when it was founded in 1423; this quadrangle was located on north side of the church (VCH Northampton, 1906, 177-9). At St. John's Hospital at Heytesbury in Wiltshire, a school was included in the foundation in 1472, with a separate house for the schoolmaster. There was a separate schoolhouse in the early 17th century, and this was probably the case in the 15th century as there is no record of any major reconstruction having taken place before the 17th century (VCH Wiltshire, 1956, 337-40). At the 16th century almshouse in Walthamstow though, the schoolroom was located in the upper storey of the almshouse, with another room in the almshouse set aside for the schoolmaster (Prescott, 1999, 100), and at Wynard's Almshouse in Exeter, boys from the town were taught in the chapel by the chaplain (Clay, 1909, 27; Orme & Webster, 1995, 243).

A separate schoolhouse was founded at the hospital of St. Anthony in London (Fig.17) in 1441, and was located to the west of the church and on the south side of the row of almshouses. It was trapezoidal in shape, with an extension at the south end of the east wall creating an overall L-shaped school. The main part of the building was on the north-south axis and measured approximately 9m long. The width ranged from about 5m at the north end to 7m at the south end. The extension was about 7m wide throughout and measured 4m from east to west (Graham, 1927, 372 & pl.vii). This was one of the first schools in London to offer free education and was one of only five grammar schools in the city to be approved by King Henry VI in May 1446 (Rawcliffe, 1984, 2; Orme & Webster, 1995, 144). A few years prior to the foundation of the school at St. Anthony's Hospital, the Bede House at Ewelme in Oxfordshire was founded with a school attached. The schoolhouse was located to the west of the almshouse and was of a similar size to

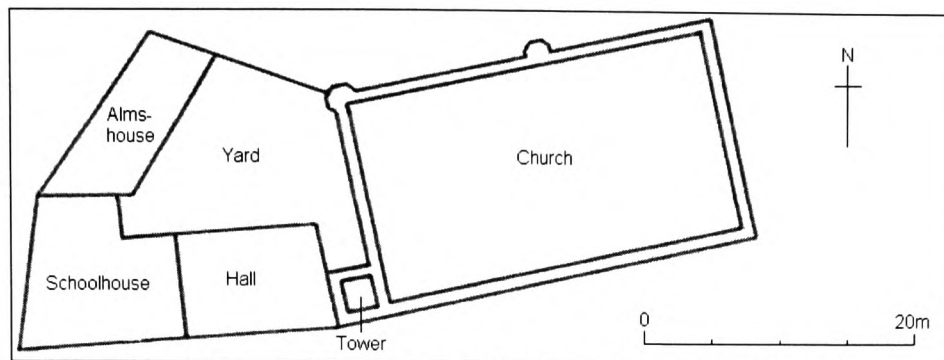


Fig. 17. St. Anthony's, London, c.1530 (After Graham, 1927, plate VI)

that at St. Anthony's, measuring approximately 12m in length and 6m in width, with a yard on the south side. Connecting the school and the almshouse on the north side were the offices and lodgings of the schoolmaster, which included a kitchen, washhouse, and latrines. This range of buildings ran from the north-west corner of the almshouse to the north-east corner of the schoolhouse; it was almost 30m long and varied between 3m and 4m in width. On the south side of this range was a large garden for the schoolmaster with a passage connecting the cloister to the schoolyard on the south side (Godfrey, 1955, 44).

Schools had little impact on the layout of hospitals before the 15th century, simply because education was not an integral part of the function of these institutions. In the few hospitals where teaching grammar was introduced in the 13th and 14th centuries, this was carried out within the existing infrastructure of the hospital and required little or no change to its design. In the 15th and early 16th century, schools became more commonly associated with hospitals, although the numbers were still small and those introduced at existing foundations had little impact on the layout of the hospital. Only at a few of the newly founded almshouses of this period were school buildings erected as separate structures, and other than their generally close proximity to the almshouses, little can be said about these buildings. There appears to have been no preference as to which side of the hospital or almshouse they were built, and the quantity of known dimensions is insufficient to proffer any conclusions about the size of the buildings. The number of scholars would obviously dictate the size of the classroom, and before the Dissolution hospitals did not usually admit more than a dozen or so. However, after the Dissolution larger numbers of scholars, such as the 380 poor and orphaned children taught at Christ's

Hospital in Newgate in the 1550s (Richardson, 2001, 92), would have necessitated much larger buildings.

Conclusion

Although the purpose of most hospitals was essentially to provide physical care and spiritual healing and support for the poor, how they were accommodated and the facilities provided sometimes varied regionally. The type and layout of buildings also changed over time and there is evidence to suggest that there were regional differences in hospital plans. The average size of an infirmary hall was between 15m and 25m in length and about 7m in width, and a hospital chapel was usually between 5m and 15m long and of a similar width to an infirmary. A number of much larger hospitals were built though, but the majority of those were located in south-east England. This was certainly the case from the 11th to the end of the 13th century, but from the early 14th century onwards, there were just as many larger hospitals built in the south-west and across the central regions of England as there were in the south-east. Although there were large hospitals in the north of England and in Scotland, notably those of St. Leonard in York and Soutra in Midlothian, they were far fewer in number than those in the south. What little evidence is available about the size of the hospitals in Wales suggests that few, if any, were particularly large. Although later almshouses were often a few metres longer than the average infirmary hall of the 12th or 13th century, there was no appreciable change in hospital dimensions in the medieval period. The combined length of the hall and chapel of Lanfranc's hospital of St. John, founded in Canterbury in the 11th century, was remarkably similar to the length of the Savoy Hospital founded by Henry VII in the 16th century, although the latter also had additional wards and chapels extending from the main infirmary and chapel. These were two of the largest hospitals in the medieval period, with only a few other hospitals being built on such a grand scale.

There were a number of clear regional differences in the shape of hospitals with regard to the infirmary hall and chapel. In the south-east of England, particularly in Kent and Medway, the chapel was often aligned at right angles to the infirmary, forming an L-shaped or T-shaped hospital. Not all hospitals in Kent and Medway had the chapel at right angles to the hall, but all of those that did were founded by the mid-14th century.

The only early hospital outside the south-east of England with evidence for a chapel that may have been built at right angles to the infirmary hall, was St. Leonard's Hospital in York. There is no evidence that the trend continued in the south-east after the Black Death, but there were a few later hospitals built to a similar plan in the south-west of England. The courtyard plan was often adopted in hospitals in central and southern regions of England, but does not appear to have been as widely implemented in the north. A quadrangular layout was commonly used in the 15th century almshouses founded in the Midlands, particularly in the West Midlands, and these were usually two-storey structures.

The two-storey almshouses of the West Midlands may not have been designed to segregate male and female inmates, but from the late 12th century to the early 14th century men and women were often accommodated on different floors, particularly at hospitals for the poor and sick in southern England. Another means by which men and women were segregated was in separate infirmary halls, and such hospitals were also found in southern England, as well as central England. In the same regions, a number of hospitals kept male and female inmates apart by having a partition down the centre of the infirmary or by having opposite aisles separated by a central aisle. In those hospitals, one half would be reserved for men and the other for women. This type of layout was first used a little earlier than the twin halls or two-storey layout, but again was most common in the south. In the north, there is little evidence to suggest that segregation of male and female inmates was effected by using any of these hospital designs. Either segregation was not carried out with the same zeal as in the south, or it was achieved using simpler methods that have left little evidence in the architectural or archaeological record.

Although in some hospitals in the south-east the hospital chapel was positioned at right angles to the infirmary hall, in most hospitals it was attached at the east end of a hall that was aligned on an east-west axis. There is no evidence to suggest any particular regional variations with regards to the position or alignment of the chapel, with the exception of the south-east, but there were some differences apparent between chapels at different types of hospitals. Whilst in most hospitals for the poor or sick the chapel was attached to the east end of the infirmary, originally to allow bedridden inmates to witness religious services from their beds, many leper hospitals had a detached chapel. The

presence of leprous people so close to the chapel may have been deemed worrisome for healthy people that wished to visit the chapel, whereas the poor and infirm may have been more acceptable. At St. Giles' Hospital at Brompton, for example, the chapel was built on the opposite side of the road from the leper accommodation. This was probably done so that passers-by would be able to pray in the chapel without encountering the leprous inmates of the hospital (Cardwell, 1995, 127). In later almshouses the chapel was usually attached to the hospital, either within a quadrangle of buildings or attached to a row of cells or cottages. It was also fairly common for an almshouse to have a chapel within a nearby parish church, rather than attached to the hospital, and this seems to have been most common in central and south-western England.

The number and type of ancillary buildings associated with medieval hospitals varied depending on the size of the hospital. Most had a kitchen which was typically located on the north-west side of the infirmary. A refectory was more commonly built for use by the hospital staff, with inmates often dining in the infirmary hall, particularly at the smaller hospitals. Where a separate refectory was erected, it was normally located on the north-east side of the infirmary. Towers and belfries became more common in the 14th century and were attached to the west end of the infirmary hall or chapel. In those hospitals arranged around a courtyard or cloister, a chapter house or sacristy was sometimes included amongst the hospital buildings and was commonly found in the east range. The position of most other buildings associated with a hospital depended on certain factors, such as the location of the nearest available water supply or the amount of available space. Necessity required latrines for the inmates to be attached to the infirmary, although the location of the water supply governed where the drainage would be most effective and thus on which side of the infirmary the latrines would be positioned. Gateways were generally positioned according to where the main thoroughfares were, and stables were subsequently situated near the entrances. Brewhouses and bakehouses were often located somewhere near the kitchen, as were herb gardens and runs for egg-laying birds.

Other facilities do not appear to have been positioned with any particular plan in mind. Cemeteries were often located near the chapel and infirmary, but might be situated on any side of the buildings. Land set aside for other purposes, such as for growing crops

and grazing animals, was normally located on the outskirts of the hospital precinct. Clearly these areas were laid out according to the available space and there does not seem to have been any regularity in the positioning of gardens, orchards, fishponds, mills, and the like. Similarly, the schoolhouses attached to some 15th and 16th century almshouses were not laid out according to any perceivable widespread plan. Although the evidence regarding ancillary buildings and other hospital facilities is not as extensive as that of infirmary halls and chapels, there are no apparent regional patterns in the layout of any of them. The main regional differences are seen in the size and layout of hospital infirmaries and hospital chapels, with a number of characteristics notable in the south, which are not evident in the north.

6.

CONCLUSION

The aims of medieval hospitals throughout England, Scotland and Wales were not appreciably different. The type of inmates housed in a particular hospital might differ from those accommodated in a neighbouring hospital, but the sort of care received by an inmate in one part of the country would not have varied greatly from the care received elsewhere. The standard of care may well have varied from hospital to hospital depending on the available resources and the efficiency of the staff, but such differences would have been a result of circumstance, rather than a specific intent to treat the same type of inmates in a different manner. All were fed and clothed, provided with bedding, kept clean, and given spiritual succour. Despite the common goals of hospitals countrywide, there were some variations in the buildings, both regionally and chronologically, and also a number of differences between various types of hospitals.

Although the largest hospital was at Soutra in southern Scotland, accommodating around three hundred inmates, the majority of large hospitals founded by the mid-14th century were built in central or southern England. Of the two dozen hospitals known to have cared for more than twenty inmates, only five were located in Scotland or northern England, and a further two in southern Wales. More than half of the other large foundations founded before the Black Death were established in south-east England, including five in London. After the Black Death there were far fewer hospitals founded for more than twenty inmates, particularly in the south-east, where the only major foundation was the 16th century Savoy Hospital in London. This was the only hospital established after the plague that was built to accommodate more than thirty patients, although most of those founded previously were still operating up until the Dissolution. The drastic decrease in population and a greater itinerancy of the populace brought about by the Black Death and its consequences, probably meant that there was little need for the foundation of new hospitals of any great size. Furthermore, changing attitudes between the rich, who had been the traditional founders of hospitals before the plague, and the poorer classes, who were generally the beneficiaries of those institutions, as typified by

the Peasants' Revolt of 1381, were hardly conducive to a programme of building new institutions on a large scale.

In the 11th century and the first half of the 12th century, the layout of infirmary halls and chapels was quite uniform throughout most of the land. Infirmaries were generally built on an east-west alignment with a chapel at the east end, and this type of building was adopted with little regional variation. In south-east England though, particularly in Kent and Medway, there were a number of hospitals built with the chapel at right angles to an infirmary that was constructed on a north-west alignment. This design was rarely used elsewhere, but new foundations in Kent and Medway continued to be built in this way until the mid-12th century. In the second half of the 12th century a number of changes are evident in the design of infirmaries and chapels that were adopted across a wider region. In southern and eastern England particularly, some hospitals were erected with two-storey infirmaries. These were all hospitals for the poor or sick, with no leper hospitals built to this design. In the 15th century, two-storey buildings were adopted in a number of almshouses, particularly in the West Midlands. The courtyard plan was widely adopted from about the mid-12th century also, with infirmary, chapel and ancillary buildings arranged in a quadrangle around a courtyard or cloister. Although evident in most regions of England, this design was most commonly followed in hospitals for the poor and sick across central and southern England.

Another design found only in hospitals for the poor and sick in central and southern England was the twin hall layout, which was used to segregate male and female inmates in separate infirmaries. From the 11th century, some hospitals in these regions accommodated men and women in the same infirmary hall, but kept them separate by dividing the hall down the centre or having two aisles separated by a central walkway. These types of hospital were most common in south-eastern England, with a few others in central and south-western England. There is very little evidence of this type of segregation in Scotland, Wales or northern England, suggesting possible differences in attitude to segregation of the sexes. Twin halls and divided infirmary halls declined in the 14th century, at a time when there was a greater call for privacy. Existing infirmaries were generally divided into individual rooms, and new hospitals began to provide separate cells or houses for the inmates. The leper hospital of Harbledown in Kent had probably

accommodated inmates in cottages since the 11th century, and this may have been the case in many other leper hospitals prior to the 14th century, although the evidence is somewhat moot on this point. It was common for leper hospitals to have a detached chapel, rather than one attached to an infirmary, as was more common in hospitals for the poor, sick or travellers. The chapels of later almshouses of the late 14th to 16th centuries were normally attached to the dormitories of the inmates, either within a quadrangle of hospital buildings or somewhere along a row of almshouses. Not all almshouses had their own chapel though. Some had a chapel within a nearby parish church and this arrangement seems to have been most common in central and south-western England.

The sum of the evidence regarding the size and structural layout of medieval hospitals is greater for the south than for the north, and the apparent regional differences may result in part from this bias of evidence. However, there is more evidence from other aspects of medieval hospitals that seem to back up those regional variations apparent in size and layout. Analysis of hospital dedications points to both regional and chronological preferences. Whilst the saint most popularly associated with medieval churches was Mary the Blessed Virgin, with about two thousand dedications in England by the Reformation (Farmer, 2004, 355), for medieval hospitals that honour was bestowed upon John the Baptist, although dedications to Mary were also popular. Dedications to St. Mary Magdalen and St. Leonard were also very popular, particularly in association with leper hospitals. Over one third of all medieval hospitals in England, Scotland and Wales were dedicated to one or more of these four saints, although their popularity varied regionally. In eastern and south-eastern England the number of dedications to St. John and the Blessed Virgin were fairly even, whereas across central regions of England, the south-west and southern Wales there were more than twice as many dedications to St. John. In northern England and southern Scotland, however, there were almost three times as many hospitals dedicated to the Blessed Virgin as there were to St. John. In southern Scotland and the north-west of England, there were more hospitals dedicated to St. Leonard than to St Mary Magdalen, although none of those in Scotland were leper hospitals. In north-eastern and southern England and southern Wales, St. Mary Magdalen was a far more popular dedication for leper hospitals than St. Leonard, whereas across most central and eastern parts of England there were almost an equal number of hospital dedications to

both saints. One notable exception was in the East Midlands, where there were twice as many dedications to St. Leonard.

The popularity of St. John the Baptist as a patron of hospitals stemmed from the foundation of the Brotherhood of the Hospital of St. John of Jerusalem in the 11th century. Established by merchants from Amalfi in Italy, they founded or restored the Benedictine monastery of St. Mary of the Latins in Jerusalem, and a hospital for poor and sick pilgrims dedicated to St. John the Baptist (Fincham, 1933, 2; Lawrence, 2001, 212). Accommodating two thousand inmates by the mid-12th century, the many pilgrims who sought aid there spread word of its charitable work, and the foundation of Hospitaller houses at Slebech in Pembrokeshire, Torphichen in West Lothian and Clerkenwell in London in the first half of the 12th century (Cowan & Easson, 1976, 161; Sloane & Malcolm, 2004, 3) ensured that St. John became commonly associated with hospitals in most regions of Wales, Scotland and England. There were very few houses of this Order established in northern England and Scotland though, and it is in these regions that hospital dedications to St. Mary the Blessed Virgin outnumbered those to St. John. The proportion of hospitals dedicated to St. Mary was fairly constant throughout most regions, although slightly higher in eastern regions than western regions.

The high number of hospitals dedicated to St. Mary Magdalen may also be linked to the Knights Hospitallers, as the Order also maintained an infirmary for women at Jerusalem dedicated to this saint (Clay, 1909, 250). The association of this saint primarily with leper hospitals developed from the medieval identification of Mary as the sister of Martha and Lazarus of Bethany, and as the repentant sinner who anointed Christ and wiped his feet with her hair. According to the Bible, Lazarus of Bethany was raised from the dead by Jesus, but another Lazarus mentioned in the Bible died at the gates of a rich man 'full of sores' [Luke 7: 37-50 & 16: 19-31; John 11: 1-44]. A conflation of the characters in these parables and the medieval association of leprosy with sin consequently led to St. Mary Magdalen becoming a popular dedication for leper hospitals, as too was St. Lazarus. Most of the hospitals dedicated to the latter saint were founded by the Knights of St. Lazarus, an Order that was founded in Jerusalem in the 12th century and which ran a leper hospital in the city (Marcombe, 2004, 7). St. Leonard was popularly venerated in France and introduced into England by the Normans in the 11th century.

Although patron of pregnant women and prisoners, and renowned as a healer, he was most commonly associated with leper hospitals in England. This was possibly due to his life of complete solitude in a hermit cell at Noblac in France, a life not dissimilar to that of the leper who was generally cast out from society and expected to live alone or with other lepers. The greater number of leper hospitals dedicated to St. Leonard rather than to St. Mary Magdalen in north-west England might be best explained by the scarcity of dedications to the latter rather than a great excess of dedications to the former, although this does not explain the high number of dedications to St. Leonard in the East Midlands. As in north-west England, there were fewer hospitals dedicated to St. Mary Magdalen in Scotland, although none of the hospitals dedicated to St. Leonard in that country were for lepers. Scottish dedications to him were generally later foundations than those in England, although the persistence of leprosy in Scotland well into the 15th century would not necessarily have precluded leper hospitals from being named in his honour. There were no known hospitals at all dedicated to St. Leonard in Wales, and this reflects a general apathy for this saint in Wales on the whole, where there were also very few churches dedicated to him. The low number of dedications to him in Wales, as well as in northern Scotland, was probably due to the Normans having less of an impact in those regions than in England, as is evident, for example, from their exclusion from the Domesday Book.

Other hospital dedications indicate general regional differences between the north and the south. Dedications to St. Cuthbert, the 7th century monk and bishop of Lindisfarne, were only known in north-east England and southern Scotland. These were the regions through which his relics had been circulated in the 10th century, before finally coming to rest at Durham (Farmer, 2004, 127-8). Dedications to St. Michael were also prevalent in north-east England, with one or two hospitals bearing his name in south Wales, the West Midlands and south-east England. His cult originated in Eastern countries like Turkey and Greece, where he was associated with the care of the sick, and most hospitals in Britain bearing his name were devoted to looking after sick or leprous inmates. The reason for the higher number of dedications in north-east England is uncertain, but one saint whose cult was strong in this region was St. Wilfrid, a 7th century abbot of Ripon and bishop of York. He had a vision of St. Michael shortly before his

death in 709 (Farmer, 2004, 367-8 & 536-8) and this may have had some bearing on Michael's popularity in the area.

In most regions St. Nicholas was associated with various types of hospitals after his popularity increased following the translation of his relics from Myra to Bari in 1087. In north-western England though, dedications to him were found only in leper hospitals, whereas only one of those in the north-east, the region with most hospital dedications to this saint, admitted lepers. Hospital dedications to St. Anthony or St. Catherine were far more common in southern England than they were elsewhere. The former was invoked as a healer of animals and humans, particularly those suffering from ergotism (known as St. Anthony's Fire), and the latter was regarded as a protector of the dying, as well as a patron of girls. Dedications to the Holy Ghost, a popular dedication for hospitals in mainland Europe, were confined to southern England and Wales. The number of dedications to St. Bartholomew, whose patronages included sufferers of tics and nervous disorders, was much higher in south-east England than in any other region, possibly thanks to King Cnut's wife, Emma, who gifted a limb of this saint to Canterbury in the 11th century (Farmer, 2004, 43). St. George, a patron of plague sufferers and lepers, was most common in south-west England and the West Midlands after the Black Death. One late story of this saint tells of him sailing to England from the west, which may have some bearing on his popularity in these regions.

A number of other popular saints also indicate regional preferences. The proportion of hospitals dedicated to St. Giles, patron saint of cripples and lepers, was much higher in the West Midlands than in any other region, whilst St. John the Evangelist was popularly associated with hospitals across middle England. St. James was a popular dedication for leper hospitals in the 12th and early 13th centuries in eastern regions of England, but was rarely dedicated in Scottish hospitals or those in western parts of England, and not at all in Wales. As leprosy became less common in England from the later 13th century, dedications to him became more common-place in hospitals for the poor and sick, particularly in the north-east. Like St. Mary Magdalen and St. Leonard, other saints were particularly associated with leper hospitals, most notably Margaret in southern and central England from the mid 12th to the mid 14th century. Margaret's popularity in connection with hospital dedications appears to have started in south-west

England in the 12th century and then spread to central and eastern parts by the second half of the 13th century. She was a patron of pregnant women, but her association with lepers is difficult to explain. According to her legend she was turned out of her home after becoming a Christian, and this expulsion may have struck a chord with lepers who were similarly expelled from society as a whole. Alternatively, dedications of *leprosaria* to St. Leonard or St. Margaret, both of whom were patron saints of pregnant women, may have resulted from the medieval belief that leprosy was somehow linked to the sexual act.

The evidence from hospital dedications on the whole suggests regional differences between the north-west, middle Britain, and the south-east. There are clear differences between those saints chosen as hospital patrons in most of Scotland and Wales, and north-western England with those chosen in south-eastern England. Hospital dedications across southern Wales and middle England reveal trends particular to those regions, although in most aspects related to dedications, hospitals across this region were more akin to those in the south-east than those in the north-west. North-eastern England is a little more difficult to categorise as it shares similar trends with a number of other regions, although on the whole it would seem to be more akin to middle Britain and the south-east, rather than the north-west. Although it shared some similarities with the south-east, south-western England resembled middle Britain in most cases regarding hospital dedications.

Over such a long period of time it is not surprising to find that hospitals went through several changes in structure and organisation. One notable change occurred in the late 13th century and early 14th century when the founding of hospitals in Britain went into major decline, although this appears to have set in at different times in various regions. In northern and western Scotland, north-western England and the West Midlands, and northern and western Wales, the decline is evident by the end of the 13th century. Across central and eastern England this decline is apparent by the early 1320s, whilst in south-eastern Scotland, north-eastern England, south-eastern Wales, and southern England, the statistics show a decline in hospital foundation in the 1330s. The decline highlights the general divide between the north-west and the south-east, and the regional differences in the timing of the decline also suggests possible reasons for that decline.

The suggestion that the cessation of new foundations was a result of sufficient numbers already in existence might be inferred from later 14th century commentaries, such as those of the poet William Langland and the reformer John Wycliffe, and his Lollard followers. In his poem *Piers Plowman*, Langland suggested merchants should use their profits charitably, such as to '*amende mesondieux*' rather than build new ones, whilst the Lollards suggested in their manifesto, the 'Twelve Conclusions', that only a hundred hospitals in total were needed in England in 1395. (Orme & Webster, 1995, 132-4). However, whilst this may have been an accurate assessment following the Black Death, which reduced the population by an estimated one third (Ziegler, 1973, 232), this is unlikely to have been the case prior to the plague. The low number of hospitals in Wales and Scotland would not seem to support such a theory, and even in those regions of England where the numbers were higher, the size of most medieval hospitals, which commonly cared for twenty or fewer inmates, was significantly smaller than could realistically be deemed sufficient for the population of that area.

One of the motivations for many founders and benefactors of hospitals was a religious one, with prayers usually being offered up by the staff and inmates for the souls of them and their families. This practice was often a stipulation of the contributor, although during periods of decline it was also a means to encourage much needed aid and show gratitude to benefactors, as at St. Mark's Hospital, Bristol where the master committed the hospital, "acting not under compulsion but of their own free will ... to provide a suitable brother to celebrate the divine offices every day ... for the good health of the said John Strete" (Ross, 1959, 117). The needs of the sick or poor may have been of secondary concern to many founders before the calls for reform in the late 14th and early 15th century, and in such circumstances it could be argued that the comments of Langland and Wycliffe would have had less relevance before the Black Death.

Whilst the Black Death obviously had a major impact on medieval hospitals due to factors such as the demise of staff, loss of income from tithes and offerings, and the financial burden of higher wage demands and rising costs (Clay, 1909, 222; Orme & Webster, 1995, 127-8), hospitals were already in decline when the epidemic first struck in 1348. However, its effects were often devastating to hospitals. At the hospital of the Holy Ghost at Sandown in Surrey, the plague had killed everyone by 1349, and at St. James'

Hospital in Westminster, everybody was dead by 1353 (Knowles & Hadcock, 1994, 389 & 402). The drastic reduction in population led to a reduction in the number of patients, as well as in the amount of income from tithes and offerings. By the 14th century some hospitals were charging inmates entrance fees, and for them the Black Death would have had a particularly bad effect.

Another factor that may have contributed to the decline of hospitals in the late 13th and early 14th centuries was the decline of leprosy. In the 11th century, the leper hospital of St. Nicholas in Harbledown was founded for sixty lepers, but by the end of the 14th century there were only a few leprous inmates at the hospital. During the Black Death some leper hospitals became plague hospitals, and others were later converted to hospitals for the sick, such as St. Nicholas' in Fife, or to almshouses, such as St. Margaret's in Pilton. Some became religious houses, like St. Leonard's at Clattercote, which became a house of Gilbertine canons after 1246, whilst others were simply closed down.

Perhaps the single most significant reason for decline was the financial hardship suffered by hospitals during the late 13th and early 14th century. By the end of the 13th century the population had begun to decline and benefactions had started to decrease, and additional financial burdens were incurred by hospitals as a result of the imposition of corrodians by Edward I and Edward II. Both kings sent royal household members as corrodians to hospitals, rather than give them pensions from the Exchequer. In 1327, Edward III was prevented from continuing this practice, when parliament stated, "there shall be no more grants of Corrodies at the King's Requests" (Cantor, 1982, 19; Prescott, 1992, 26-28; Clay, 1909, 213-6). Maladministration also brought financial hardship and led Pope Clement V to issue a decree in 1311 calling for hospital reforms, due to the unsatisfactory management by masters who neglected their obligations towards the poor and lepers (Orme & Webster, 1995, 131). Such a situation is evident from the records of the Hospital of St. Cross in Winchester, which was in decline in the early 14th century due to its corrupt master, prompting the bishop of Winchester, Rigaud Asser, to wrest the property from him in 1321 (Warren, 1969, 9). Such problems were not new in the 14th century though, and they were unlikely to have resulted in nationwide decline across England, Scotland and Wales.

Sufficient numbers of hospitals, a decline in leprosy, corrodies, maladministration, and the Black Death may all have been contributory factors in the low number of hospital foundations during the 14th century, but perhaps the most likely reasons for the initial decline in the late 13th century and early 14th century were wars and taxation. The expulsion of the English from Wales by Llywelyn II in 1256 marked the end of a thirty-five year period in which Henry III had founded or refounded nine hospitals. The war between Llywelyn and Edward I of England raged until 1282, and was followed by wars between William Wallace and Robert Bruce of Scotland and Edward I and II of England, and these wars coincided with the decline of hospitals in those regions where the conflict had taken place. For instance, from 1315 to 1319, St. Mary Magdalen's leper hospital in Ripon in Yorkshire had to be relieved from taxes because it was in dire financial difficulties following the destruction caused during Scottish raids. Indeed, in 1317 things had become so bad that the hospital was forced to turn away lepers (Prescott, 1992, 24). In 1337, the Hundred Years War began between England and France, and although this conflict was predominantly fought on foreign soil, the effects were also felt in England, both directly and indirectly. God's House in Southampton lost almost half of the tenements it owned when the town was burnt by the French during a raid in 1338, and the following decade it had to be relieved of taxes and levies owed to the king (Kaye, 1976, lii; Prescott, 1992, 24).

Although conflict was not uncommon during the medieval period, the frequency and longevity of the conflicts during this period became a financial drain, and brought about a need for increased taxation. From 1290 onwards, taxes were levied with increasing frequency in order to finance these wars, and the ill feeling that arose as a result led to national crises in 1294-7 and 1340-1. In fact, the 1297 crisis led to the temporary outlawing of the clergy for refusing to submit to the levies, although this was short-lived (Harriss, 1996, *passim*). Prior to the late 14th century, the founders of hospitals were primarily the Church, the Crown and the nobility, and all of these suffered from the wars and the heavy taxation that they brought about. Consequently they did not have sufficient resources to continue founding or endowing new hospitals.

Prior to the decline of the late 13th century and early 14th century, there were clear regional variances in England, Scotland and Wales, with certain characteristics of

hospitals in the south-east differing from those in the north-west. From the late 14th century onwards, there was a significant change in the fabric of the new hospitals that were founded, with almshouses becoming particularly popular. There were some changes in the layout, the organisation and the naming of new hospitals, and the location of hospitals also differed. Whereas hospitals built in earlier centuries were normally located in rural settings or on the outskirts of towns, later almshouses were more often built within towns. Hospitals had frequently been associated with bridges in the 12th and 13th centuries, and often took on the upkeep of them. This type of setting was not common with later foundations, probably due to a reduced population that was becoming increasingly urbanised, as well as a general decline in pilgrims. Hospitals next to bridges usually provided shelter for passers-by and also depended heavily on them for alms, but following the Black Death a reduction in traffic led to a decline in the number of hospitals founded in such locations. Despite the likelihood of fewer travellers after the Black Death, hospitals were still founded alongside roads. However, these sites were not burdened with the added expense of maintaining bridges. Despite the various changes apparent in hospitals founded from the late 14th century, there were fewer regional differences compared to earlier centuries.

APPENDIX A

Abridged database of hospitals founded in England, Scotland and Wales, 1066-1560

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
	Aberdeen	Aberdeen	N.Scot.	1333 -	L		1661 -		
St. Anne	Aberdeen	Aberdeen	N.Scot.	1519 -	A	F	1550 <i>M. 16th c.</i>		
St. Mary	Aberdeen	Aberdeen	N.Scot.	1532 <i>1531/2</i>	A	M	1786 +		12
St. Peter	Aberdeen	Aberdeen	N.Scot.	1199 <i>1172-99</i>	S	M	1541 +		
St. Thomas M.	Aberdeen	Aberdeen	N.Scot.	1459	S		1660 +		
	Banff	Aberdeens.	N.Scot.	1544 -	L		1590 -		
St. Mary	Kincardine O'Neil	Aberdeens.	N.Scot.	1231 <i>c. 1224-31</i>	P	M	1330 <i>c.</i>		
	Newburgh	Aberdeens.	N.Scot.	1261 <i>c.</i>	A	M		1	6
St. Mary & St. Congan	Turriff	Aberdeens.	N.Scot.	1273	A	X	1412 <i>c.</i>	7	13
Arbroath Abbey	Arbroath	Angus	N.Scot.	1178 <i>c.</i>	A		1531 +		
St. John B.	Arbroath	Angus	N.Scot.	1352 -			1519 +		
St. Mary M.	Arrat	Angus	N.Scot.	1412 -	P		1444 +		
M.B.V.	Balgownie	Angus	N.Scot.	1418 -	P		1695 +		
M.B.V.	Brechin	Angus	N.Scot.	1267 <i>1256-67</i>	P		1636 +	(3)	(4)
M.B.V.	Montrose	Angus	N.Scot.	1245 <i>c.</i>	L		1571 +		
St. Catherine	Bath	Bath	S.W.Eng.	1444 <i>1435-44</i>	A	X	1561 +	2	6
St. John B.	Bath	Bath	S.W.Eng.	1180 <i>c.</i>	S	X	1561 +		
St. Mary M.	Bath	Bath	S.W.Eng.	1100 <i>1088-1100</i>	L	X	1561 +		
St. John B.	Keynsham	Bath	S.W.Eng.	1450 <i>15th c.</i>			1550 <i>16th c.</i>		
St. John B.	Bedford	Beds.	C.Eng.	1180 <i>c.</i>	P		1561 +	3	10
St. Leonard	Bedford	Beds.	C.Eng.	1207 -	L		1556 -	6	
St. John B.	Caldwell	Beds.	C.Eng.	1154 <i>c.</i>	PT		1280 <i>c.</i>	10	
St. Mary M.	Dunstable	Beds.	C.Eng.	1175 <i>L. 12th c.</i>	LS		1338 +		
St. Peter	Dunstable	Beds.	C.Eng.	1122 <i>c.</i>	A		1540		
	Eaton	Beds.	C.Eng.	1291 -					
St. John B.	Farley	Beds.	C.Eng.	1154 <i>c.</i>	P		1414 <i>c.</i>		
St. John B.	Hockliffe	Beds.	C.Eng.	1227 -	P		1540		
	Hoford	Beds.	C.Eng.						
	Langford	Beds.	C.Eng.	1275 -	L				
St. Mary	Stockwell	Beds.	C.Eng.	1232 -					
St. Nicholas	Sudbury	Beds.	C.Eng.	1267 -	L				
St. John B.	Toddington	Beds.	C.Eng.	1443	A	M	1538 -	1	3
Warden Abbey	Warden	Beds.	C.Eng.	1136 +	A	X	1537		14
Maladeria	Kenfig	Bridgend	S.Wales	1186 -	L				
Hospice	Newcastle	Bridgend	S.Wales	1475 <i>L. 15th c.</i>					
St. Catherine	Bedminster	Bristol	S.W.Eng.	1220 <i>1189-1220</i>	ST	X	1561 +	5	12
All SS	Bristol	Bristol	S.W.Eng.	1250 <i>M. 13th c.</i>	A	F	1480 +		8
Burton's Almshouse	Bristol	Bristol	S.W.Eng.	1292 <i>c.</i>	A	X	1561 +		
Canynge's Almshouse	Bristol	Bristol	S.W.Eng.	1442 <i>c.</i>	A		1561 +		14
Fullers' Almshouse	Bristol	Bristol	S.W.Eng.	1450 <i>15th c.</i>	A	X	1561 +		6
Gift House	Bristol	Bristol	S.W.Eng.	1537 <i>c.</i>	A	X	1561		6
H. Trinity	Bristol	Bristol	S.W.Eng.	1395	A	M	1561 +	1	12
H. Trinity	Bristol	Bristol	S.W.Eng.	1478 <i>c.</i>	A		1561 +		16
John Foster's Almshouse	Bristol	Bristol	S.W.Eng.	1484 <i>c.</i>	A	X	1561 +	1	13
Magdalens' Almshouse	Bristol	Bristol	S.W.Eng.	<i>1292-1499</i>	A		1843		11
Richard Forster's Almshouse	Bristol	Bristol	S.W.Eng.	1471 <i>1430-71</i>	A		1561 +		
Spicer's Almshouse	Bristol	Bristol	S.W.Eng.	1325 <i>E. 14th c.</i>	A		1480		
St. Augustine	Bristol	Bristol	S.W.Eng.	1230 <i>1216-30</i>	P				
St. Bartholomew	Bristol	Bristol	S.W.Eng.	1234 <i>c. 1232-4</i>	P	X	1532		
St. John	Bristol	Bristol	S.W.Eng.	1490 <i>c.</i>	A		1561 +		
St. John B.	Bristol	Bristol	S.W.Eng.	1207 <i>c.</i>	P	X	1544		
St. Laurence	Bristol	Bristol	S.W.Eng.	1199 -	L	M	1544 +		
St. Margaret	Bristol	Bristol	S.W.Eng.				1561 -		
St. Mark	Bristol	Bristol	S.W.Eng.	1229	P		1539	12	100
St. Mary M.	Bristol	Bristol	S.W.Eng.	1219	L	F	1535 +		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. Nicholas	Bristol	Bristol	S.W.Eng.		A				
Weaver's Almshouse	Bristol	Bristol	S.W.Eng.	1450 15th c.	A	F	1561 +		4
	Westbury	Bristol	S.W.Eng.		A	X	1544 c.		6
St. John B.	Aylesbury	Bucks.	C.Eng.	1125 E. 12th c.	LS		1547		
St. Leonard	Aylesbury	Bucks.	C.Eng.	1125 E. 12th c.	L		1547		
Barton's Almshouse	Buckingham	Bucks.	C.Eng.	1431	A				
St. John B.	Buckingham	Bucks.	C.Eng.	1200 c.	S		1279 c.		
St. Laurence	Buckingham	Bucks.	C.Eng.	1252 -	L		1350 14th c.		
St. Giles	High Wycombe	Bucks.	C.Eng.	1229 -	L		1389 c.		
St. John B.	High Wycombe	Bucks.	C.Eng.	1180 c.	S	X	1548		
St. Margaret	High Wycombe	Bucks.	C.Eng.	1228 -	L	M	1467 +		
	Ludgershall	Bucks.	C.Eng.	1154 c.	P		1414 c.		
St. Thomas	Marlow	Bucks.	C.Eng.	1384 -	P	M			
St. John B.	Wendover	Bucks.	C.Eng.	1275 L. 13th c.	P	M	1547 -		
M.B.V.	Anglesey	Cambs.	E.Eng.	1175 L. 12th c.	S		1212 c.		
Dockett's Almshouse	Cambridge	Cambs.	E.Eng.	1461 c.	A	F			3
Ely's Almshouse	Cambridge	Cambs.	E.Eng.	1475 1463-75	A	X			3
Fawcner's Almshouse	Cambridge	Cambs.	E.Eng.	1473	A	X			
Jakenett's Almshouse	Cambridge	Cambs.	E.Eng.	1479	A	X	1561 +		4
Barnwell Priory	Cambridge	Cambs.	E.Eng.	1225 E. 13th c.	A	M	1538	3	5
St. Anthony & St. Loy	Cambridge	Cambs.	E.Eng.	1361 c.	L	X	1561 +		
St. John E.	Cambridge	Cambs.	E.Eng.	1195 c.	S	M	1509		
St. Mary M.	Cambridge	Cambs.	E.Eng.	1150 c.	L		1279 c.		
St. John B.	Chippenham	Cambs.	E.Eng.	1184	S	M	1535 -		
St. James & St. Leonard	Denny	Cambs.	E.Eng.	1170	SO	M	1339		
St. John B.	Duxford	Cambs.	E.Eng.	1230 -	ST	M	1337 -		
St. John B.	Ely	Cambs.	E.Eng.	1225 -	S		1500 -	6	7
St. Mary M.	Ely	Cambs.	E.Eng.	1160 c.	L		1225		
St. Peter & St. Mary M.	Fordham	Cambs.	E.Eng.	1210 -	A		1538 c.		13
St. Giles	Huntingdon	Cambs.	E.Eng.	1250 13th c.	L	M	1501 +		
St. John B.	Huntingdon	Cambs.	E.Eng.	1165 c.	P		1561 +		
St. Margaret	Huntingdon	Cambs.	E.Eng.	1165 1157-65	LS	X	1461		
St. John B.	Leverington	Cambs.	E.Eng.	1487 -	T		1550 16th c.	2	
M.B.V.	Longstowe	Cambs.	E.Eng.	1250 -	A	F	1352 +		
M.B.V.	Newton	Cambs.	E.Eng.	1403 c.	A	M	1547 c.	1	12
St. Thomas M.	Ramsey	Cambs.	E.Eng.	1180 c.			1291 -		
M.B.V.	Stonely	Cambs.	E.Eng.	1180 c.	P		1220 +		
Poor's Hospital	Whittlesey	Cambs.	E.Eng.	1391 -	P				
St. John	Wicken	Cambs.	E.Eng.	1321	A	M	1538 c.		7
	Wisbech	Cambs.	E.Eng.	1378 -	L				
St. John B.	Wisbech	Cambs.	E.Eng.	1279 -	S		1352 c.		
St. Mary M.	Cardiff	Cardiff	S.Wales	1275 L. 13th c.	LP		1550 -		24
Carmarthen Priory	Carmarthen	Carm.	S.Wales	1127 +	PT		1536	13	80
Firnar House	Strata Florida	Ceredigion	N.Wales	1291 -	S		1539 -		
	Ysbyty Cynfyn	Ceredigion	N.Wales		T				
	Ysbyty r'Enwyn	Ceredigion	N.Wales		T				
	Ysbyty Ystwyth	Ceredigion	N.Wales	1175 L. 12th c.	T				
	Ystrad Meurig	Ceredigion	N.Wales	1175 L. 12th c.	T				
St. Giles	Chester	Cheshire	W.Mids.	1232 1181-1232	L		1645		
St. John B.	Chester	Cheshire	W.Mids.	1190 c.	S	M	1645		
St. Ursula	Chester	Cheshire	W.Mids.	1508	A	X			
	Macclesfield	Cheshire	W.Mids.	1257 -	L				
St. Laurence	Nantwich	Cheshire	W.Mids.	1354 -	L		1550 16th c.		
St. Nicholas	Nantwich	Cheshire	W.Mids.	1084 c.	P		1556 -		
St. Andrew	Ness on the Wirral	Cheshire	W.Mids.	1234 1231-4	PT		1495		
St. Andrew	Tarvin	Cheshire	W.Mids.						
H.Cross & St. George	Wybunbury	Cheshire	W.Mids.	1464 -	A	M	1550 16th c.		
All SS Maison Dieu	York	City of York	N.E.Eng.	1380 c.	A		1550 16th c.		
Hertergate Maison Dieu	York	City of York	N.E.Eng.	1390 -	A	X	1550 16th c.		
H. Trinity	York	City of York	N.E.Eng.	1365	S		1561 +	3	13

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
Hospital by St. William's Chapel	York	City of York	N.E.Eng.	1250 <i>13th c.</i>	LP	X	1550 <i>16th c.</i>		
Layorthorpe Maison Dieu	York	City of York	N.E.Eng.	1407 -	A		1535 -		
Little Shambles Maison Dieu	York	City of York	N.E.Eng.	1470 -	A		1550 <i>16th c.</i>		
Monk Bridge Maison Dieu	York	City of York	N.E.Eng.	1353 -	A	X	1610 <i>c.</i>		20
Peter Lane Little Maison Dieu	York	City of York	N.E.Eng.	1390 -	A	M	1550 <i>16th c.</i>		
St. Andrewgate Little Maison Dieu	York	City of York	N.E.Eng.	1385	A		1550 <i>16th c.</i>		
St. Andrewgate Maison Dieu	York	City of York	N.E.Eng.	1390 -	A				
St. Anthony	York	City of York	N.E.Eng.	1420 <i>1403-20</i>	P		1550 -		
St. Catherine	York	City of York	N.E.Eng.	1333 -	L	X	1561 +		
St. Christopher's Maison Dieu	York	City of York	N.E.Eng.	1436 -	A				
St. Giles	York	City of York	N.E.Eng.	1274 -	P	M	1292 +		
St. Helen	York	City of York	N.E.Eng.	1399 -	L		1622 <i>c.</i>		
St. John's Maison Dieu	York	City of York	N.E.Eng.	1400 -	A		1550 <i>16th c.</i>		
St. Leonard	York	City of York	N.E.Eng.	1087 <i>1087-1100</i>	S	X	1540	64	206
St. Leonard	York	City of York	N.E.Eng.	1350 -	L		1428 +		
St. Loy	York	City of York	N.E.Eng.	1350 -					
M.B.V.	York	City of York	N.E.Eng.	1318	C	M	1556 <i>c.</i>	6	6
M.B.V. & St. Martin	York	City of York	N.E.Eng.	1446	A	M	1509 +	1	7
St. Mary M.	York	City of York	N.E.Eng.	1481 -			1547 <i>c.</i>	2	
St. Nicholas	York	City of York	N.E.Eng.	1142	LO	X	1537 -	41	3
St. Thomas M.	York	City of York	N.E.Eng.	1389 -	ST	X	1561 +		(7)
Stonebow Lane Maison Dieu	York	City of York	N.E.Eng.	1362 -	A				
Walmgate Bar Maison Dieu	York	City of York	N.E.Eng.	1436 -	A	M	1561 +		5
Whitefriars Lane Maison Dieu	York	City of York	N.E.Eng.	1472	A	X	1561 +		
St. John B.	Ysbytty Ifan	Conwy	N.Wales	1283 <i>1282-3</i>	T		1338		
St. Anthony	Bodmin	Cornwall	S.W.Eng.	1492 -	A	X	1700 +		
St. George	Bodmin	Cornwall	S.W.Eng.	1405	A	X	1531 +		
St. Laurence	Bodmin	Cornwall	S.W.Eng.	1250 <i>13th c.</i>	L		1810 +	5	19
St. John B.	Helston	Cornwall	S.W.Eng.	1220 <i>c.</i>	P		1548	3	
St. Mary M.	Helston	Cornwall	S.W.Eng.	1275 <i>L. 13th c.</i>	L		1419 +		
St. Benedict	Lanivet	Cornwall	S.W.Eng.	1411	L		1545		
Launceston Almshouse	Launceston	Cornwall	S.W.Eng.	1446 <i>c.</i>	A		1566 -		6
St. Leonard	Launceston	Cornwall	S.W.Eng.	1069 <i>c.</i>	L		1750 <i>18th c.</i>		
St. Mary M.	Maudlin	Cornwall	S.W.Eng.	1258 -	L	X	1841 +		
St. Mary M.	Liskeard	Cornwall	S.W.Eng.	1206 -	L	X	1665 -		
	Nansclegy	Cornwall	S.W.Eng.	1268 -	L		1481 <i>c.</i>		
	Penryn	Cornwall	S.W.Eng.	1501 +	A				4
St. Margaret	Shipstors	Cornwall	S.W.Eng.	1301 -	L		1419 +		
St. Nicholas	Appleby	Cumbria	N.W.Eng.	1225 <i>E. 13th c.</i>	L		1544 -		
St. Mary & St. Thomas M.	Bampton	Cumbria	N.W.Eng.	1255 -	L				
Furness Abbey	Barrow	Cumbria	N.W.Eng.	1220 <i>c.</i>	A	M	1537		13
St. Leonard	Bewcastle	Cumbria	N.W.Eng.	1294 -					
M.B.V. & St. Gabriel	Brough	Cumbria	N.W.Eng.	1506	PT		1540 <i>c.</i>	2	2
Hospitium	Caldbeck	Cumbria	N.W.Eng.	1158 -	T		1216 -		
St. Catherine	Carlisle	Cumbria	N.W.Eng.	1550 <i>16th c.</i>	A				
St. Nicholas	Carlisle	Cumbria	N.W.Eng.	1199 <i>1184-99</i>	L	X	1645	3	12
H.Sepulchre	Carlisle	Cumbria	N.W.Eng.	1231 -	A	M	1327 +		
M.B.V.	Conishead	Cumbria	N.W.Eng.	1160	L		1181 -		
St. Thomas	Holmcultum	Cumbria	N.W.Eng.	1525 <i>E. 16th c.</i>	A	M	1538		
St. Leonard	Kendal	Cumbria	N.W.Eng.	1125 <i>E. 12th c.</i>	L		1536 <i>1537-46</i>	2	
St. John	Keswick	Cumbria	N.W.Eng.	1230 -	PT		1550 <i>16th c.</i>	1	
St. Leonard	Kirkby Lonsdale	Cumbria	N.W.Eng.				1550 <i>16th c.</i>		
St. Leonard	Papcastle	Cumbria	N.W.Eng.	1281 <i>1233-81</i>	L		1518 +		
	Ravenglass	Cumbria	N.W.Eng.	1180 <i>c.</i>	T				
Coupmanbeck	Sandford	Cumbria	N.W.Eng.	1264 -	T				
St. Leonard	Teamside	Cumbria	N.W.Eng.	1240 <i>c.</i>	L		1528 <i>c.</i>		
	Ulverston	Cumbria	N.W.Eng.	1247 -	L				
St. Leonard	Wigton	Cumbria	N.W.Eng.	1369 -	L		1546 -		
Bathele Spital	Darlington	Darlington	N.E.Eng.	1170 -	L		1550 <i>M. 16th c.</i>		
	Middleton	Darlington	N.E.Eng.		T				

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. John	Rhuddlan	Denbighs.	N.Wales	1279	A				
St. Leonard	Alkington	Derbys.	E.Mids.	1100 c.	L	F	1547 c.	(1)	(7)
St. John B.	Ashbourne	Derbys.	E.Mids.	1251 -	L		1275 +		
St. Luke E.	Beightonfields	Derbys.	E.Mids.	1335 -	L				
M.B.V.	Castleton	Derbys.	E.Mids.	1125 <i>E. 12th c.</i>	S		1535 -		
St. John B.	Chesterfield	Derbys.	E.Mids.	1334 -	L	M			
St. Leonard	Chesterfield	Derbys.	E.Mids.	1195 -	L		1547 c.		
St. Nicholas	Chesterfield	Derbys.	E.Mids.	1276 -	A	M			
Domus Dei	Derby	Derbys.	E.Mids.		A				
St. Catherine	Derby	Derbys.	E.Mids.	1329 -					
St. Helen	Derby	Derbys.	E.Mids.	1160 c.	A	X	1306 +		
St. James	Derby	Derbys.	E.Mids.	1229 <i>1140-1229</i>	P	M	1536		
St. John B.	Derby	Derbys.	E.Mids.	1251 -					
St. Leonard	Derby	Derbys.	E.Mids.	1171 -	L	M	1546	(3)	(2)
St. Mary M.	Locko	Derbys.	E.Mids.	1250 <i>13th c.</i>	L		1375 <i>1347-75</i>		
	Staveley	Derbys.	E.Mids.	1300 -					
St. Mary M.	Barnstaple	Devon	S.W.Eng.	1158 -	L		1521 +		
	Bodmiscombe	Devon	S.W.Eng.	1160 c.	T				
St. Gabriel	Clyst Gabriel	Devon	S.W.Eng.	1312 <i>1309-12</i>	C		1488 -	2	12
St. Laurence	Crediton	Devon	S.W.Eng.	1249 -	ST		1523 -		
Trotte's Almshouse	Cullompton	Devon	S.W.Eng.	1523 <i>1522-3</i>	A	M	1995 +		6
	Dartmouth	Devon	S.W.Eng.	1499 -	A				
	Eggesford	Devon	S.W.Eng.	1504 -	A		1546 +		
Bonville's Almshouse	Exeter	Devon	S.W.Eng.	1408	A	X	1768		12
Grendon's Almshouse	Exeter	Devon	S.W.Eng.	1399 -	A	X	1995 +		
Liverydole	Exeter	Devon	S.W.Eng.	1430 c. <i>1420-30</i>	A		1561 +		
More's & Fortescue's Almshouse	Exeter	Devon	S.W.Eng.	1477	A	M	1850 c.		2
Palmer's Almshouse	Exeter	Devon	S.W.Eng.	1487 -	A		1865 +		4
St. Alexius	Exeter	Devon	S.W.Eng.	1170 <i>1164-70</i>			1539		
St. Anne	Exeter	Devon	S.W.Eng.	1418	A		1561 +		
St. Anthony	Exeter	Devon	S.W.Eng.	1429	A				
St. Catherine	Exeter	Devon	S.W.Eng.	1457	A	M	1665 +		13
St. John B.	Exeter	Devon	S.W.Eng.	1185 -	S	X	1539		
St. Mary M.	Exeter	Devon	S.W.Eng.	1163 -	L	X	1862 +		13
St. Roche	Exeter	Devon	S.W.Eng.	1506 -	S	X	1521 +		
Wynard's Almshouse	Exeter	Devon	S.W.Eng.	1436 <i>1430-6</i>	A	M	1969		12
H.Trinity, St. John E. & St. John B.	Great Torrington	Devon	S.W.Eng.	1395 -	P				
St. Margaret	Honiton	Devon	S.W.Eng.	1307 -	L	X	1925 <i>E. 20th c.</i>		
	Kingston	Devon	S.W.Eng.	1282 -	L				
	Modbury	Devon	S.W.Eng.	1307 -	L				
	Newton Bushell	Devon	S.W.Eng.	1538	L	X	1995 +		
St. Mary M.	Okehampton	Devon	S.W.Eng.	1250 -	L		1599 +		
Lake Almshouses	Pilton	Devon	S.W.Eng.	1503 -	A	X	1995 +		
St. Margaret	Pilton	Devon	S.W.Eng.	1189 -	L	X	1561 +		
St. Mary M.	Taddipport	Devon	S.W.Eng.	1380 -	L		1750 <i>18th c.</i>		(3)
Couche's Almshouse	Tavistock	Devon	S.W.Eng.	1449 -	A		1618 +		
St. Mary M. & St. Theobald	Tavistock	Devon	S.W.Eng.	1244 -	L	X	1775 <i>L. 18th c.</i>		12
St. Mary M.	Teignmouth	Devon	S.W.Eng.	1307 -	L		1603 +		
Greenway's Almshouse	Tiverton	Devon	S.W.Eng.	1529	A	M	1995 +		5
H.Ghost & St. Catherine	Totnes	Devon	S.W.Eng.	1271	P		1509	7	7
M.B.V.	Totnes	Devon	S.W.Eng.	1540 -	A				
St. Mary M.	Totnes	Devon	S.W.Eng.	1175 <i>L. 12th c.</i>	L	X	1675 <i>L. 17th c.</i>		12
Old Malthouse	Abbotsbury	Dorset	S.W.Eng.						
God's House	Blandford	Dorset	S.W.Eng.	1550 <i>16th c.</i>	A		1561 +		6
St. Leonard	Blandford	Dorset	S.W.Eng.	1282	L		1550 <i>16th c.</i>		
St. John B.	Bridport	Dorset	S.W.Eng.	1240 -	A	X	1547		
St. Mary M.	Bridport	Dorset	S.W.Eng.	1232 -	L				
St. John B.	Chilcombe	Dorset	S.W.Eng.	1332 c.					
St. Mary M.	Christchurch	Dorset	S.W.Eng.	1318 -	L				
Lazar House	Dorchester	Dorset	S.W.Eng.		L	M	1547 +		10

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. John B. & St. Anthony	Dorchester	Dorset	S.W.Eng.	1267 -	P	X	1547		
Forde Abbey	Forde	Dorset	S.W.Eng.	1219 /141-1219	P	X	1539		3
	Lewcombe	Dorset	S.W.Eng.	1302 -					
M.B.V. & the H.Ghost	Lyme Regis	Dorset	S.W.Eng.	1336 -	L				
St. Leonard	Rushton	Dorset	S.W.Eng.	1267 -	PT		1535 -		
St. John B.	Shaftesbury	Dorset	S.W.Eng.	1223 -	P	X	1547 c.		
St. Mary M.	Shaftesbury	Dorset	S.W.Eng.	1386 -	A	M	1535 +		12
St. John B. & St. John E.	Sherborne	Dorset	S.W.Eng.	1406 /405-6	S	X		22	16
St. Thomas M.	Sherborne	Dorset	S.W.Eng.	1228 -	A		1547 -		
	Wareham	Dorset	S.W.Eng.	1418 -	A	X			11
St. Margaret & St. Anthony	Wimborne	Dorset	S.W.Eng.	1216 -	L	X	1547		
Hospitali De Anandia	Annan	Dumf. & Gall.	S.Scot.	1258 -			1609 +		
Spital Farm Hospice	Cree	Dumf. & Gall.	S.Scot.	1186 -			1305 +		
St. Thomas M.	Harlaw	Dumf. & Gall.	S.Scot.	1195 -	L		1232 +		
St. John B.	Holywood	Dumf. & Gall.	S.Scot.	1362 -	A	M	1561 +	1	18
St. James	Trailtrow	Dumf. & Gall.	S.Scot.	1363 -	P		1574 /574-1609		
Cripple House	Wigtown	Dumf. & Gall.	S.Scot.	1557 -	S		1599 +		
	Broughty Ferry	Dundee	N.Scot.	1187 /187-9			1226 +		
Leper House	Dundee	Dundee	N.Scot.	1498 -	L		1552 -		
Maison Dieu	Dundee	Dundee	N.Scot.	1390 c.	A		1554 +		
St. Anthony	Dundee	Dundee	N.Scot.	1443					6
St. John B.	Dundee	Dundee	N.Scot.	1443 -			1550 /6th c.		
St. John B.	Barnard Castle	Durham	N.E.Eng.	1230 c.	A	F	1561 +		
	Bearpark	Durham	N.E.Eng.		T				
Hospitium Dunelmensis	Durham	Durham	N.E.Eng.	1083 /083-96	T		1550 /6th c.		
Mawdelyngyldhouse	Durham	Durham	N.E.Eng.	1448 c.	A				
Pilgrim House	Durham	Durham	N.E.Eng.	1493	T				
St. Cuthbert	Durham	Durham	N.E.Eng.	1532 -	A	F	1539 c.		6
St. Leonard	Durham	Durham	N.E.Eng.	1200 c.	L		1653 /652-3		
St. Mary M.	Durham	Durham	N.E.Eng.	1250 c.	A	X	1546	1	13
	Friarside	Durham	N.E.Eng.	1312 -	T		1450 /5th c.		
	Gainford	Durham	N.E.Eng.	1317 -					
St. Giles	Kepier	Durham	N.E.Eng.	1112	P	X	1545	(1)	(13)
Spital upon Stanemoor	Rerecross	Durham	N.E.Eng.	1171 -	T		1540 c.		
	Sedgefield	Durham	N.E.Eng.	1195 c.					
St. Mary, St. Lazarus & St. Martha	Sherburn	Durham	N.E.Eng.	1181	L	X	1561 +	8	65
M.B.V.	Staindrop	Durham	N.E.Eng.	1408	A	X	1548		18
St. Mary M.	Witton Gilbert	Durham	N.E.Eng.	1180 /154-80	L	X	1532 c.		5
St. Peter	Witton Gilbert	Durham	N.E.Eng.		A	M	1532 +		
St. Cuthbert	Ballencrieff	E.Loithian	S.Scot.	1291 -	P		1481 -		
Domus Hospitalis	Bara	E.Loithian	S.Scot.	1340 c.					
Maison Dieu	Dunbar	E.Loithian	S.Scot.	1342 +	P		1550 /6th c.		
M.B.V. & St. John B.	Dunglass	E.Loithian	S.Scot.	1467 /443-67	S				
	Fortune	E.Loithian	S.Scot.	1270 -					
Almshouse	Haddington	E.Loithian	S.Scot.	1478 c.	A				
Leper House	Haddington	E.Loithian	S.Scot.	1470 -	L		1592 +		
St. Laurence	Haddington	E.Loithian	S.Scot.	1312 -	A		1562 c.		
St. Mary	Haddington	E.Loithian	S.Scot.	1319 -					
H. Trinity	Houston	E.Loithian	S.Scot.	1296 -					
St. Mary M.	Musselburgh	E.Loithian	S.Scot.	1386 -	LP		1561 +		
	North Berwick	E.Loithian	S.Scot.	1154 -	PT		1213 +		
M.B.V.	North Berwick	E.Loithian	S.Scot.	1542 c.	A	M	1573 +		
St. German	St. Germans	E.Loithian	S.Scot.	1170 /170-80	P	X	1577 +		
St. Edmund	Allerthorpe	E.Yorkshire	N.E.Eng.						
Leper House	Beverley	E.Yorkshire	N.E.Eng.	1402 -	L	X	1550 /6th c.		
Leper House	Beverley	E.Yorkshire	N.E.Eng.	1392	L				
	Beverley	E.Yorkshire	N.E.Eng.	1475 -	A		1550 /6th c.		
	Beverley	E.Yorkshire	N.E.Eng.	1475 -	A		1550 /6th c.		
H. Trinity	Beverley	E.Yorkshire	N.E.Eng.	1397	A	X	1561 +	1	12
Maison Dieu	Beverley	E.Yorkshire	N.E.Eng.		A				

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
Maison Dieu	Beverley	E.Yorkshire	N.E.Eng.		A				
St. Giles	Beverley	E.Yorkshire	N.E.Eng.	1175 <i>L. 12th c.</i>	SC	X	1538 <i>c.</i>		
St. John B.	Beverley	E.Yorkshire	N.E.Eng.	1454	A		1558 +		
St. John E.	Beverley	E.Yorkshire	N.E.Eng.	1467 -	A				
M.B.V.	Beverley	E.Yorkshire	N.E.Eng.	1434 <i>1401-34</i>	A		1550 <i>c.</i>		
St. Nicholas	Beverley	E.Yorkshire	N.E.Eng.	1286 -	P		1538 +		
St. Mary M.	Bishop Burton	E.Yorkshire	N.E.Eng.	1169 -	A	F	1547 <i>c.</i>		
M.B.V.	Bridlington	E.Yorkshire	N.E.Eng.	1153 -	A	X	1537 <i>c.</i>		
M.B.V. & St. Laurence	Ellerton	E.Yorkshire	N.E.Eng.	1209 <i>c.</i>	A	X	1538		13
	Fangfoss	E.Yorkshire	N.E.Eng.	1267 -	T		1352 +		
St. Helen	Harpham	E.Yorkshire	N.E.Eng.	1291 -			1505 -		
H.Cross	Hedon	E.Yorkshire	N.E.Eng.	1392 -	A	M	1547 <i>c.</i>		
St. Leonard	Hedon	E.Yorkshire	N.E.Eng.	1208 -	T		1550 <i>16th c.</i>		
St. Mary M.	Hedon	E.Yorkshire	N.E.Eng.	1162 <i>c.</i>	L	M	1547 <i>c.</i>		
H.Sepulchre	Hedon	E.Yorkshire	N.E.Eng.	1205	L	X	1547 <i>c.</i>	1	14
St. James	Hessle	E.Yorkshire	N.E.Eng.	1150 <i>12th c.</i>					
	North Ferriby	E.Yorkshire	N.E.Eng.	1219 -	A		1536		
Routhspitell	Routh	E.Yorkshire	N.E.Eng.	1280 -			1448 +		
Dor	Snaith	E.Yorkshire	N.E.Eng.	1307 -					
	Sutton	E.Yorkshire	N.E.Eng.				1535 +		
St. Thomas M.	Battle	E.Sussex	S.E.Eng.	1076 <i>c.</i>	T		1538		
	Buxted	E.Sussex	S.E.Eng.	1404	A	M		1	6
St. Mary M.	Hastings	E.Sussex	S.E.Eng.	1293 <i>c.</i>	S	X	1550 <i>16th c.</i>		
Hospitium	Lewes	E.Sussex	S.E.Eng.	1110 <i>c.</i>	PT		1263 <i>1257-63</i>		
St. James	Lewes	E.Sussex	S.E.Eng.	1263 <i>1257-63</i>	PT	X	1537		13
St. Nicholas	Lewes	E.Sussex	S.E.Eng.	1085 <i>c.</i>	PT	X	1561 +		13
H.Cross	Pevensey	E.Sussex	S.E.Eng.	1292 -					
St. John B.	Pevensey	E.Sussex	S.E.Eng.	1302 <i>c.</i>	A	X	1561 +		
St. Bartholomew	Playden	E.Sussex	S.E.Eng.	1219 <i>1189-1219</i>	LP	X	1521		12
St. James	Seaford	E.Sussex	S.E.Eng.	1260 -	A	M	1534 <i>1523-34</i>		
St. Leonard	Seaford	E.Sussex	S.E.Eng.	1147 -	L	X	1368 +		
H.Cross	Winchelsea	E.Sussex	S.E.Eng.	1252 -	L	M	1547 <i>c.</i>		
St. Anthony	Winchelsea	E.Sussex	S.E.Eng.	1267 -	S		1327 +		
St. Bartholomew	Winchelsea	E.Sussex	S.E.Eng.	1292 -	A	X	1586 -		
St. John	Winchelsea	E.Sussex	S.E.Eng.	1292 <i>c.</i>	A	X	1586 <i>c.</i>		
St. John B.	Corstorphine	Edinburgh	S.Scot.	1538 -	A	X	1568 +		
	Edinburgh	Edinburgh	S.Scot.	1477 -	L		1584 -		
H.Trinity, M.B.V. & St. Ninian	Edinburgh	Edinburgh	S.Scot.	1460	A	M	1567		13
Kirk o' Field	Edinburgh	Edinburgh	S.Scot.	1510 <i>c.</i>			1547 <i>1544-7</i>		
St. Giles	Edinburgh	Edinburgh	S.Scot.	1541 -			1547 <i>1544-7</i>		
St. John B.	Edinburgh	Edinburgh	S.Scot.	1392 -			1438 -		
St. Leonard	Edinburgh	Edinburgh	S.Scot.	1239 -	A	M	1592 +		6
St. Mary M.	Edinburgh	Edinburgh	S.Scot.	1541	S	M	1561 +	1	7
M.B.V.	Edinburgh	Edinburgh	S.Scot.	1438 -	A	F	1589 +		
St. Paul & M.B.V.	Edinburgh	Edinburgh	S.Scot.	1469	A	M	1650 <i>17th c.</i>		
St. Thomas M.	Edinburgh	Edinburgh	S.Scot.	1541	A	M	1768	2	7
H.Trinity	Leith	Edinburgh	S.Scot.	1555	T	M	1636 +		
St. Anthony	Leith	Edinburgh	S.Scot.	1418	S		1591	5	
St. John E.	Berden	Essex	E.Eng.	1150 <i>12th c.</i>	P		1214 -		
Maison Dieu	Bocking	Essex	E.Eng.	1440	A	M	1650 <i>18th c.</i>	1	6
St. James	Braintree	Essex	E.Eng.	1229 -	A	M			
	Castle Hedingham	Essex	E.Eng.	1263 <i>1233-63</i>	S				
H.Cross	Colchester	Essex	E.Eng.	1235	P	M	1496	(5)	(13)
St. Anne	Colchester	Essex	E.Eng.	1402 -					
St. Catherine	Colchester	Essex	E.Eng.	1352					
St. Mary M.	Colchester	Essex	E.Eng.	1135 -	L	X	1834		
	Horkesley	Essex	E.Eng.		A	M	1557 +		
M.B.V.	Laver Marney	Essex	E.Eng.	1525 <i>1523-5</i>	A	M	1557 +		5
St. Giles	Little Maldon	Essex	E.Eng.	1164 <i>c.</i>	L	M	1536		
Novus Locus	New Place	Essex	E.Eng.	1235 -					

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. Leonard	Newport	Essex	E.Eng.	1157	LS		1543		
St. John B.	South Weald	Essex	E.Eng.	1166 /1163-6	L		1547		
Waltham Abbey	Waltham	Essex	E.Eng.	1218 c.	P		1540 c.		
Alien Spital	Writtle	Essex	E.Eng.	1218 c.	S		1391		
Almshouse	Dunfermline	Fife	N.Scot.	1488 -	A		1488 +		
St. Catherine	Dunfermline	Fife	N.Scot.	1327 -	A		1568 +		
St. Leonard	Dunfermline	Fife	N.Scot.		A	X	1651 +		
Ardross Hospital	Earlsferry	Fife	N.Scot.	1154 -	PT		1213 +		
	Inverkeithing	Fife	N.Scot.	1196 -			1453 +		
St. James	Kinghorn	Fife	N.Scot.	1478 c.	P				
	North Queensferry	Fife	N.Scot.	1165 -	PT		1233 +		
St. Leonard	St. Andrew's	Fife	N.Scot.	1144 -	PT	X	1512		
St. Nicholas	St. Andrew's	Fife	N.Scot.	1127 -	L		1583 +		
St. John B.	Uthrogle	Fife	N.Scot.	1293 -	P		1543 /1462-1543		
	Crookston	Glasgow	S.Scot.	1180 c.	S				
St. Nicholas, St. Serf & St. Machutus	Glasgow	Glasgow	S.Scot.	1525 c.	P		1605 -	3	6
St. Nicholas	Glasgow	Glasgow	S.Scot.	1471	A	M	1778 -	1	12
St. Ninian	Glasgow	Glasgow	S.Scot.	1485 /1359-1485	L	X	1636		
St. Mary M.	Pollok	Glasgow	S.Scot.	1417 -			1545 +		
St. John	Polmadie	Glasgow	S.Scot.	1285 -	A	X	1454 /1453-4		
H. Trinity	Berkeley	Glos.	S.W.Eng.	1189 /1170-89	S		1547		
	Charlton Abbots	Glos.	S.W.Eng.		L	M			
St. John E.	Cirencester	Glos.	S.W.Eng.	1133 c.	S		1561 +	1	11
St. Laurence	Cirencester	Glos.	S.W.Eng.	1250 /13th c.	L	(F)	1561 +		(2)
St. Thomas M.	Cirencester	Glos.	S.W.Eng.	1483	A		1561 +		4
	Dursley	Glos.	S.W.Eng.	1189 /1170-89	A	M	1225		
St. Bartholomew	Gloucester	Glos.	S.W.Eng.	1189 -	S	X	1789 c.	(12)	(90)
St. Margaret & the H. Sepulchre	Gloucester	Glos.	S.W.Eng.	1150 c.	L	X	1561 +		
St. Mary M.	Gloucester	Glos.	S.W.Eng.	1159 /1150s	L	X	1561 +		
St. John B.	Lechlade	Glos.	S.W.Eng.	1228 -	S	X	1475 +		
St. Margaret	St. Briavel's	Glos.	S.W.Eng.	1256 -					
	St. David's	Glos.	S.W.Eng.	1350 /14th c.					
Almshouse	Stow-on-the-Wold	Glos.	S.W.Eng.	1476	A	X	1561 +	1	8
Almshouse	Tewkesbury	Glos.	S.W.Eng.		A		1540 c.		
Leper Hospital	Tewkesbury	Glos.	S.W.Eng.	1199 -	L				
Spittle	Winchcombe	Glos.	S.W.Eng.				1500 -		
	Aldersgate	G. London	S.E.Eng.		T		1414		
Leper Hospital	Bermondsey	G. London	S.E.Eng.	1399	L				
St. Saviour	Bermondsey	G. London	S.E.Eng.	1170 c	T				
St. Thomas M.	Bermondsey	G. London	S.E.Eng.	1213	A	M	1538		
Parish Clerk's Hospital	Bishopsgate	G. London	S.E.Eng.	1450 /15th c.	A				
St. Augustine	Bishopsgate	G. London	S.E.Eng.	1442 /1430-42	PC		1547		
M.B.V.	Bishopsgate	G. London	S.E.Eng.	1247	S	X	1930		
St. Loy & St. Anthony	Brentford	G. London	S.E.Eng.	1441 -					
St. Laurence	Brentford	G. London	S.E.Eng.	1175 c.					
M.B.V. & the H. Angels	Brentford	G. London	S.E.Eng.	1446	A	M	1547	4	9
M.B.V., St. Anne & St. Louis	Brentford	G. London	S.E.Eng.	1393 c.	T				
Brewers' Almshouse	Cheapside	G. London	S.E.Eng.	1423	A				
Cutlers' Almshouse	Cheapside	G. London	S.E.Eng.	1440 /1420-40	A				
Grocer's Hall	Cheapside	G. London	S.E.Eng.	1429 c.	A	X	1561 +		7
Lombard Street Hospice	Cheapside	G. London	S.E.Eng.		T		1354		
St. Thomas M.	Cheapside	G. London	S.E.Eng.	1191 c.	S		1538	13	23
Haberdashers' Almshouse	Cheapside	G. London	S.E.Eng.	1539	A				
Salter's Almshouse	Cheapside	G. London	S.E.Eng.	1454	A		1539		
Skinner's Almshouse	Cheapside	G. London	S.E.Eng.	1416	A				
Dyers' Almshouse	Clerkenwell	G. London	S.E.Eng.	1545	A				
St. John B.	Clerkenwell	G. London	S.E.Eng.	1144 c.	ST		1540		
Drapers' Almshouse	Cripplegate	G. London	S.E.Eng.	1521	A	F	1561 +		8
St. Giles	Cripplegate	G. London	S.E.Eng.	1272 /1272-1307	A				
M.B.V.	Cripplegate	G. London	S.E.Eng.	1331 /1329-31	SC	X	1536	6	100

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
Little Almshouse	Croydon	G.London	S.E.Eng.	1528 -	A		1561 +		9
St. John B.	Croydon	G.London	S.E.Eng.	1447	A	X	1561 +		7
St. Catherine	East Smithfield	G.London	S.E.Eng.	1148	P	X	1826		13
St. Leonard	Enfield	G.London	S.E.Eng.	1270 -	L				
St. Mary	Fenchurch	G.London	S.E.Eng.	1524 / 1521-4	A	M	1561 +		13
St. Catherine	Hackney	G.London	S.E.Eng.	1280 c.	L		1760		
Hammersmith Leper Hospital	Hammersmith	G.London	S.E.Eng.	1500 -	L	X	1677 +		
St. Anthony	Highgate	G.London	S.E.Eng.	1473	L	X	1650		
	Holborn	G.London	S.E.Eng.	1103 / 1102-3	P		1414 c.		
St. Giles	Holborn	G.London	S.E.Eng.	1117	L	X	1539	4	40
St. Nicholas & St. Bernard	Hornchurch	G.London	S.E.Eng.	1159	PT		1391		
Hospital de Hundeslawe	Hounslow	G.London	S.E.Eng.	1200 -	P		1252 / 1224-52		
M.B.V.	Ilford	G.London	S.E.Eng.	1145 c.	L	M	1561 +	3	13
Almshouse	Kempton	G.London	S.E.Eng.	1233 -	A				
St. Edward	Kingston	G.London	S.E.Eng.	1219 -	P	M	1353 +		
St. Leonard	Kingston	G.London	S.E.Eng.	1227 -	L		1323		
St. Mary M.	Kingston	G.London	S.E.Eng.	1304 -	A	M	1550 / 16th c.	3	
St. Leonard	Knightsbridge	G.London	S.E.Eng.	1475 -	L		1623		
Bridewell	Ludgate	G.London	S.E.Eng.	1553	P		1844 +		
St. Mary M.	Mile End	G.London	S.E.Eng.	1274 -	L		1650 / 17th c.		
Christ's Hospital	Newgate	G.London	S.E.Eng.	1552	P		1644 +		
M.B.V. & St. Catherine	Newington	G.London	S.E.Eng.	1551 -					
St. Mary & St. Leonard	Newington	G.London	S.E.Eng.	1315 -	L	M	1550 / 16th c.		
St. Bartholomew	Smithfield	G.London	S.E.Eng.	1123	ST	X	1561 +	12	
H.Trinity & St. Thomas M.	Southwark	G.London	S.E.Eng.	1180 / 1173-80	S	X	1540	8	40
M.B.V.	Spitalfields	G.London	S.E.Eng.	1197	ST	X	1538	(13)	(120)
H.Ghost, M.B.V., & St. Michael	St. Paul's	G.London	S.E.Eng.	1424	A	M	1561 +		13
St. Paul	St. Paul's	G.London	S.E.Eng.	1190 c.	A		1550 / 16th c.		
Jesus, M.B.V., & St. John B.	Strand	G.London	S.E.Eng.	1505	S	X	1702	31	100
M.B.V.	Strand	G.London	S.E.Eng.	1232	A		1650 / 17th c.	3	100
Vintners' Almshouse	Thames	G.London	S.E.Eng.	1446	A		1561 +		13
St. Anthony	Threadneedle	G.London	S.E.Eng.	1243	ST	M	1565 -	4	12
St. John B.	Threadneedle	G.London	S.E.Eng.	1414	A	X			7
St. Laurence	Tottenham	G.London	S.E.Eng.	1229 -			1264 +		
St. Loy	Tottenham	G.London	S.E.Eng.	1416 -	P		1484 +		
Monoux Almshouse	Walthamstow	G.London	S.E.Eng.	1515 c.	A	X	1561 +		13
Assumption of M.B.V.	Westminster	G.London	S.E.Eng.	1450 / 15th c.	A				
Charing Cross Lunatic Hospital	Westminster	G.London	S.E.Eng.		S		1377 +		
La Reole Hospice	Westminster	G.London	S.E.Eng.		T		1369		
St. Cornelius	Westminster	G.London	S.E.Eng.	1525 E. 16th c.	S				
St. James	Westminster	G.London	S.E.Eng.	1189 -	L	F	1531	9	13
M.B.V.	Westminster	G.London	S.E.Eng.	1230 c.	ST	X	1544		
Westminster Abbey Almshouse (I)	Westminster	G.London	S.E.Eng.	1509 -	A	F	1540 c.		
Westminster Abbey Almshouse (II)	Westminster	G.London	S.E.Eng.	1504	A	M	1540 c.	1	12
Westminster Palace Hospice	Westminster	G.London	S.E.Eng.		T		1354		
Golding Lane Almshouse	Whitechapel	G.London	S.E.Eng.	1540 c.	A				
Countess of Kent's Almshouses	Whitefriars	G.London	S.E.Eng.	1540 / 1538-40	A		1561 +		
	Warburton	G.Man.	N.W.Eng.	1150 / 12th c.			1200 c.		
M.B.V.	Egryn	Gwynedd	N.Wales	1391 c.	PT		1550 / 16th c.		
H.Ghost	Snowdon	Gwynedd	N.Wales	1272 -		M			
St. Mary M.	Alton	Hampshire	S.E.Eng.	1235 -	L				
St. John B.	Andover	Hampshire	S.E.Eng.	1247 -	P	X	1547		
St. Mary M.	Andover	Hampshire	S.E.Eng.	1248 -	L		1340		
St. John B.	Basingstoke	Hampshire	S.E.Eng.	1150 / 12th c.	ST	X	1561 +		
Lazar-house	Bradley	Hampshire	S.E.Eng.	1150 / 12th c.	L				
H.Cross	Burghclere	Hampshire	S.E.Eng.		T		1550 / 16th c.		
St. John B.	Fordingbridge	Hampshire	S.E.Eng.	1272 -	PT		1570 c.		
St. Mary M. & St. Anthony	Romsey	Hampshire	S.E.Eng.	1317 -	LP	X	1544 -		
Hyde Hospital	Winchester	Hampshire	S.E.Eng.	1110 +	S		1539		
Osbert's Almshouse	Winchester	Hampshire	S.E.Eng.	1125 E. 12th c.	A				

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
H.Cross	Winchester	Hampshire	S.E.Eng.	1136	P	M	1561+		13
St. John B.	Winchester	Hampshire	S.E.Eng.	1270 c.	ST	X	1561+		
St. Mary M.	Winchester	Hampshire	S.E.Eng.	1148-	L	X	1788	1	18
Sustern Spital	Winchester	Hampshire	S.E.Eng.	1300-	A	X	1539 c.		21
M.B.V. & St. Cuthbert	Greatham	Hartlepool	N.E.Eng.	1272	A	M	1561+	8	40
St. John B.	Aconbury	Herefords.	W.Mids.	1200 c.	S	X	1237 c.		
St. Anne & St. Loy	Hereford	Herefords.	W.Mids.	1474-	A		1550 16th c.		
St. Anthony	Hereford	Herefords.	W.Mids.	1294 1249-94	S				
St. Ethelbert	Hereford	Herefords.	W.Mids.	1225-	P		1561+		
St. Giles	Hereford	Herefords.	W.Mids.	1158 c.	L		1561+		
St. Giles	Hereford	Herefords.	W.Mids.	1250-	L				
St. John B.	Hereford	Herefords.	W.Mids.	1221+	S	M	1540		
M.B.V.	Hereford	Herefords.	W.Mids.	1400-	A		1550 16th c.		
H.Sepulchre	Hereford	Herefords.	W.Mids.	1189 1154-89	L		1221+		
St. Thomas M.	Hereford	Herefords.	W.Mids.	1225-	L				
St. Catherine	Ledbury	Herefords.	W.Mids.	1230 c.	ST	X	1547 c.		
Maison Dieu	Leominster	Herefords.	W.Mids.	1382-	A				
St. Clement & St. Catherine	Leominster	Herefords.	W.Mids.	1427	A				
M.B.V.	Leominster	Herefords.	W.Mids.				1550 16th c.		
St. John B. & St. Mary M.	Richard's Castle	Herefords.	W.Mids.	1344-					
Rudhall's Almshouse	Ross-on-Wye	Herefords.	W.Mids.	1350 14th c.	A				
St. Mary	Anstey	Herts.	C.Eng.	1287-	A	M	1547 1540-7		
St. Mary M.	Baldock	Herts.	C.Eng.	1226	L	M	1446 c.		
St. John B.	Berkhampstead	Herts.	C.Eng.	1213-	L	X	1540		
St. John E.	Berkhampstead	Herts.	C.Eng.	1213-	S	X	1516-		
St. Leonard	Berkhampstead	Herts.	C.Eng.	1163 c.	L	X	1516-		
St. Erasmus & St. Mary M.	Cheshunt	Herts.	C.Eng.	1497-	A		1527+		
H.Trinity & St. Thomas M.	Hertford	Herts.	C.Eng.	1261 c.	P		1535-		
St. Mary M.	Hertford	Herts.	C.Eng.	1199-	L	M	1261 c.		
H.Cross	Hitchin	Herts.	C.Eng.	1387-					
Almshouse	Hoddesdon	Herts.	C.Eng.	1450 15th c.	A				
St. Clement	Hoddesdon	Herts.	C.Eng.	1390-	L	X	1573-		
M.B.V. & St. James	Royston	Herts.	C.Eng.	1227 1224-27	ST	X	1549 c.		
St. Nicholas	Royston	Herts.	C.Eng.	1200 c.	L	X	1359-		
St. Giles	St. Albans	Herts.	C.Eng.	1327-					
St. Julian	St. Albans	Herts.	C.Eng.	1146 1119-46	L	M	1505	(5)	(6)
St. Mary	St. Mary de Pre	Herts.	C.Eng.	1194	L	F	1353 c.	3	26
Standon Preceptory Hospice	Standon	Herts.	C.Eng.	1154-	T		1444-		
All Christian Souls	Stevenage	Herts.	C.Eng.	1501	A		1561+		
St. Mary	Wymondley	Herts.	C.Eng.	1218 1216-18	P		1290 c.		
St. John B.	Helmsdale	Highland	N.Scot.	1362-			1509-		
St. Magnus the Martyr	St. Magnus	Highland	N.Scot.	1358-	P		1644+		
Domus Hospitalis de Edirdouer	Spittal	Highland	N.Scot.	1299-					
St. Augustine	Newport	Isle of Wight	S.E.Eng.		L		1352+		
	Bapchild	Kent	S.E.Eng.	1200 c.	T		1550 16th c.		
St. John	Blean	Kent	S.E.Eng.	1170-	PT				
	Bobbing	Kent	S.E.Eng.		L				
H.Trinity	Boughton	Kent	S.E.Eng.	1384	LS	X			
St. Bartholomew	Buckland	Kent	S.E.Eng.	1141	L	X	1547+		20
Christ Church Cathedral Priory	Canterbury	Kent	S.E.Eng.		T		1540		
St. Gregory	Canterbury	Kent	S.E.Eng.	1085 c.	C		1123 c.		
St. John B.	Canterbury	Kent	S.E.Eng.	1084 c.	S	X	1561+		60
St. Laurence	Canterbury	Kent	S.E.Eng.	1137	LP	X	1557	3	16
M.B.V.	Canterbury	Kent	S.E.Eng.	1317	A	X	1561+		7
M.B.V.	Canterbury	Kent	S.E.Eng.	1218 c.	C	M	1575		
St. Nicholas & St. Catherine	Canterbury	Kent	S.E.Eng.	1193 c.	A		1203		
St. Thomas M.	Canterbury	Kent	S.E.Eng.	1190 c.	ST	X	1576	(3)	(12)
	Chestnuts	Kent	S.E.Eng.	1256-	L				
H.Trinity	Dartford	Kent	S.E.Eng.	1452	A	X	1561+		5
St. Mary M.	Dartford	Kent	S.E.Eng.	1256-	L	X	1550 16th c.		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
M.B.V.	Dover	Kent	S.E.Eng.	1203 c.	ST	X	1544		
St. Thomas M.	Dover	Kent	S.E.Eng.				1550	16th c.	
Wallgate Almshouse	Dover	Kent	S.E.Eng.	1488 -	A		1561 +		
St. Nicholas	Harbledown	Kent	S.E.Eng.	1084 c.	L	X	1561 +		60
Infirmis de Salta Wuda	Hythe	Kent	S.E.Eng.	1169 -	L		1336 +		
St. Andrew	Hythe	Kent	S.E.Eng.	1336	A	X	1342	1	9
St. Bartholomew	Hythe	Kent	S.E.Eng.	1276 -	P	X	1561 +		(13)
St. John B.	Hythe	Kent	S.E.Eng.	1426 -	PT	X	1561 +		8
	Lenham	Kent	S.E.Eng.						
	Lullingstone	Kent	S.E.Eng.	1508 c.	A				
Almshouse	Maidstone	Kent	S.E.Eng.	1422	A				
St. Peter & St. Paul	Maidstone	Kent	S.E.Eng.	1244	A	X	1561 +	2	10
	Meopham	Kent	S.E.Eng.	1396	A				
M.B.V.	Milton	Kent	S.E.Eng.	1155 -	L		1524		
Moatenden Priory	Moatenden	Kent	S.E.Eng.	1224 c.	T				
St. John B.	New Romney	Kent	S.E.Eng.	1396	P	X	1495 c.		
St. Stephen & St. Thomas M.	New Romney	Kent	S.E.Eng.	1185 1180-90	L	X	1481		13
St. John	Ospringe	Kent	S.E.Eng.	1241 -					
M.B.V.	Ospringe	Kent	S.E.Eng.	1234 1230-4	ST		1516	6	
St. Nicholas	Ospringe	Kent	S.E.Eng.	1343 -					
	Otford	Kent	S.E.Eng.	1228 -	L				
St. James	Puckershall	Kent	S.E.Eng.	1252 -	L		1546 +		
	Sandwich	Kent	S.E.Eng.	1450 15th c.	A				
St. Anthony	Sandwich	Kent	S.E.Eng.	1472 -	L		1496 +		
St. Bartholomew	Sandwich	Kent	S.E.Eng.	1180 c.	A	X	1561 +	3	13
St. John B.	Sandwich	Kent	S.E.Eng.	1280	A	X	1561 +	1	12
St. Thomas M.	Sandwich	Kent	S.E.Eng.	1392 c.	A	X	1561 +		12
Sennock's Hospital	Sevenoaks	Kent	S.E.Eng.	1418	A	X	1561 +		20
St. John B.	Sevenoaks	Kent	S.E.Eng.	1338 c.	P		1540 c.		
Shamele	Sittingbourne	Kent	S.E.Eng.	1216 -	P		1255 -		
St. Thomas M.	Sittingbourne	Kent	S.E.Eng.	1255 c.	T		1272 c.		
H.Trinity, M.B.V. & All SS	Sutton at Hone	Kent	S.E.Eng.	1199 c.	A	M	1338 -	3	13
H.Cross	Swainestrey	Kent	S.E.Eng.	1225 -	P		1379 c.		
St. Leonard	Swainestrey	Kent	S.E.Eng.	1232 -	L		1379 -		
St. James	Thanington	Kent	S.E.Eng.	1164 -	L	F	1551	4	25
Adrian's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1486 -	A		1561 +		
Aldwick's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1439	A		1561 +		
Bedforth's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1412	A		1561 +		
Corpus Christi	Kingston-on-Hull	Kingston	N.E.Eng.	1414	A	X	1561 +	1	13
Grimsby's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1400	A		1561 +		
Harrison's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1550	A	F	1561 +		10
Maison Dieu	Kingston-on-Hull	Kingston	N.E.Eng.	1365	A	X	1377		13
Riplingham's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1509	A	X	1645 c.	2	20
Selby's Almshouse	Kingston-on-Hull	Kingston	N.E.Eng.	1380 c.	A	M	1556 c.		12
St. James	Kingston-on-Hull	Kingston	N.E.Eng.	1513	A		1561 +		
St. Michael A.	Kingston-on-Hull	Kingston	N.E.Eng.	1384	A	X	1561 +	13	26
Trinity House	Kingston-on-Hull	Kingston	N.E.Eng.	1442 1441-2	A	X	1561 +		13
St. Nicholas	Clitheroe	Lancs.	N.W.Eng.	1211 -	L				
M.B.V.	Cockersand	Lancs.	N.W.Eng.	1184 -	PT		1539		
Hornby Priory	Hornby	Lancs.	N.W.Eng.	1367 -	A		1535 c.		13
St. Leonard	Lancaster	Lancs.	N.W.Eng.	1194 1189-94	L	X	1470 c.	1	9
M.B.V.	Lancaster	Lancs.	N.W.Eng.	1485 1483-5	A	X	1561 +	2	4
Bede-house	Lathom	Lancs.	N.W.Eng.	1500	A	M	1561 +	1	8
St. Mary M.	Preston	Lancs.	N.W.Eng.	1177 c.	L	X	1465 c.		
St. Saviour	Ribchester	Lancs.	N.W.Eng.	1216 -	A	M	1338 -		
M.B.V. & St. Lazarus	Burton Lazars	Leics.	E.Mids.	1157 c.	L		1544	1	8
St. John E.	Castle Donington	Leics.	E.Mids.	1190 -	A	X	1535 -	1	12
Grace Dieu Priory	Coalville	Leics.	E.Mids.	1235 +	P	X	1538		12
Annunciation of M.B.V.	Leicester	Leics.	E.Mids.	1331	S	X	1561 +	10	50
St. Bartholomew	Leicester	Leics.	E.Mids.	1322 -	S				

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. Edmund A. & C.	Leicester	Leics.	E.Mids.	1250 c.	P	M			
St. John B. & St. John E.	Leicester	Leics.	E.Mids.	1200 -	P	X	1589		
St. Leonard	Leicester	Leics.	E.Mids.	1190 -	L	X	1548		
St. Mary M. & St. Margaret	Leicester	Leics.	E.Mids.	1225 <i>E.13th c.</i>	L	M	1551 +		
St. Ursula	Leicester	Leics.	E.Mids.	1513	A	X	1561 +	2	24
	Loughborough	Leics.	E.Mids.	1300 -	S				
St. John B.	Lutterworth	Leics.	E.Mids.	1218	PT	M	1672 +		
Spytelgate	Melton Mowbray	Leics.	E.Mids.	1365 -			1550 <i>16th c.</i>		
St. Leonard	Stockerston	Leics.	E.Mids.	1307 -					
M.B.V.	Stockerston	Leics.	E.Mids.	1468	A	X	1535 +	1	3
	Tilton	Leics.	E.Mids.	1184 -	L		1336 +		
St. John B.	Boothby Pagnell	Lincs.	E.Mids.	1175 <i>L.12th c.</i>	L	F	1325 <i>E.14th c.</i>		
St. John B.	Boston	Lincs.	E.Mids.	1282 -	A	M	1538 +		
St. Lazarus	Carlton	Lincs.	E.Mids.	1180 <i>1150-80</i>	L				4
St. John B.	Castle Bytham	Lincs.	E.Mids.	1186 -					
	Eagle	Lincs.	E.Mids.	1154 -	SO	M	1308 c.		
	Edenham	Lincs.	E.Mids.	1319 -					
Burgh's Almshouse	Gainsborough	Lincs.	E.Mids.	1495	A	M	1550 <i>16th c.</i>		5
St. Thomas M.	Gedney	Lincs.	E.Mids.	1250 <i>13th c.</i>	A	X	1341 c.		5
St. Leonard	Grantham	Lincs.	E.Mids.	1250 -	P		1500 c.		
St. Margaret	Grantham	Lincs.	E.Mids.	1328 -	L				
All SS	Holbeach	Lincs.	E.Mids.	1351	A		1545 -	1	15
St. Margaret	Langworth	Lincs.	E.Mids.	1313 -	L		1350 c.		
H.Innocents	Lincoln	Lincs.	E.Mids.	1135 -	L	X	1544 -	4	10
H.Sepulchre	Lincoln	Lincs.	E.Mids.	1123 <i>1094-1123</i>	S	X	1538		
St. Bartholomew	Lincoln	Lincs.	E.Mids.	1314 -	LS	M	1331 +		
St. Giles	Lincoln	Lincs.	E.Mids.	1280 -	PC		1750 <i>18th c.</i>	1	12
St. Leonard	Lincoln	Lincs.	E.Mids.	1300 -	LS		1311 +		
St. Mary	Lincoln	Lincs.	E.Mids.	1311 -	A	M	1402 +		
Leper Hospital	Louth	Lincs.	E.Mids.	1314 -	L		1350 c.		
M.B.V.	Louth	Lincs.	E.Mids.	1550 <i>16th c.</i>	A				
Trinity Bedehouse	Louth	Lincs.	E.Mids.	1550 <i>16th c.</i>	A		1561 +		
St. John B.	Mere	Lincs.	E.Mids.	1243 -	L	M	1558 +	1	13
M.B.V.	Newstead	Lincs.	E.Mids.	1176 -	S	X	1247 -	4	7
St. Mary M.	Partney	Lincs.	E.Mids.	1115 c.	SO		1318 -		
	Sempringham	Lincs.	E.Mids.		L				
St. Leonard	Skirbeck	Lincs.	E.Mids.	1150 <i>12th c.</i>	S		1456 <i>1456-1541</i>		10
	Sleaford	Lincs.	E.Mids.	1538 -	A				
St. Nicholas	Spalding	Lincs.	E.Mids.	1313 -	L		1323 +		
St. Edmund K. & M.	Spital in the Street	Lincs.	E.Mids.	1165	PT	(X)	1594		
All SS	Stamford	Lincs.	E.Mids.	1485 -	A	X	1561 +	2	12
St. Leger	Stamford	Lincs.	E.Mids.	1199 -	S				
Trinity College Almshouse	Tattershall	Lincs.	E.Mids.	1440 <i>1438-40</i>	A	X	1561 +		13
St. James	Thornton	Lincs.	E.Mids.	1322 -	A		1548		
St. Lazarus	Threackingham	Lincs.	E.Mids.	1292 -	L		1319 +		
St. Leonard	Walcot	Lincs.	E.Mids.	1261 -	L		1311 +		
St. John B.	Luton	Luton	C.Eng.	1285 -	L				
St. Mary M.	Luton	Luton	C.Eng.	1170 <i>1162-70</i>	LS	X	1540 -		
St. Bartholomew	Chatham	Medway	S.E.Eng.	1108 <i>1077-1108</i>	LS	X	1561 +		13
St. Catherine	Rochester	Medway	S.E.Eng.	1316 c.	LS	X	1561 +		
St. Catherine	Strood	Medway	S.E.Eng.		L				
M.B.V.	Strood	Medway	S.E.Eng.	1193 <i>1192-3</i>	ST	X	1539	7	
St. Nicholas	Strood	Medway	S.E.Eng.	1253 -	LS	X	1523 +		
St. Thomas M.	Bebington	Merseyside	N.W.Eng.	1183 -	L		1550 <i>16th c.</i>		
	Ridgate	Merseyside	N.W.Eng.	1200 <i>1189-1200</i>	L		1311 -		
Maison Dieu	Dalkeith	Midlothian	S.Scot.	1396	P				6
M.B.V.	Lasswade	Midlothian	S.Scot.	1478	ST				
St. Leonard	Lasswade	Midlothian	S.Scot.	1500 -	S		1564 +		
H.Trinity	Soutra	Midlothian	S.Scot.	1164 c.	PT	X	1545 c.		300
St. Margaret & St. Anthony	Lathbury	M.Keynes	C.Eng.	1241 -	L		1272 +		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. John B. & St. John E.	Newport Pagnell	M.Keynes	C.Eng.	1300 c.	P	X	1531 c.		
St. John B.	Stony Stratford	M.Keynes	C.Eng.	1240 c.	L	M	1353 c.		
St. Michael A.	Dixton	Mon.	S.Wales	1427 -	S		1556 +		
St. John B.	Llansoy	Mon.	S.Wales				1540 +		
H.Trinity	Monmouth	Mon.	S.Wales	1240 c.					
St. John	Monmouth	Mon.	S.Wales	1240 c.	SO				
Secular Firmery	Tintern	Mon.	S.Wales	1140 -					
Aberthin	Usk	Mon.	S.Wales	1291 -	S		1386 +		
Spital	Usk	Mon.	S.Wales	1322 -			1536		
St. Mary M.	Usk	Mon.	S.Wales	1316 -	L				
St. Nicholas	Boharm	Moray	N.Scot.	1235 / 232-5	PT		1561 +		
Leper House	Elgin	Moray	N.Scot.	1391 -	L				
St. Mary	Elgin	Moray	N.Scot.	1237 / 222-37	P		1595		
Domus Leprosarum	Forres	Moray	N.Scot.	1560 -	L		1565 +		
St. Peter	Rathven	Moray	N.Scot.	1226 / 224-6	L		1859 c.	2	7
Margam Abbey	Margam	Neath P.T.	S.Wales	1147 +			1536		
Cwrt-y-Clafdy Grange	Neath	Neath P.T.	S.Wales	1130 +			1539		
St. Giles	Neath	Neath P.T.	S.Wales	1400 -					
St. Thomas M.	Beck	Norfolk	E.Eng.	1224	T	X	1556 -		13
St. Andrew	Boycodeswade	Norfolk	E.Eng.	1181 c.	A	X	1536	1	12
St. John B.	Carbrooke	Norfolk	E.Eng.	1173 c.	A	X	1540		13
Trinity	Castle Rising	Norfolk	E.Eng.	1176 / 138-76	L				
St. Lazarus	Chosely	Norfolk	E.Eng.	1291 -	L		1428 -		
Domus Dei	Croxton	Norfolk	E.Eng.	1250	P		1540 -		
St. Bartholomew	Gorleston on Sea	Norfolk	E.Eng.	1550 / 6th c.					
St. John B.	Gorleston on Sea	Norfolk	E.Eng.	1290 -					
St. Luke E.	Gorleston on Sea	Norfolk	E.Eng.	1550 / 6th c.					
St. Mary & St. Nicholas	Gorleston on Sea	Norfolk	E.Eng.	1331 -	L		1643 +		
St. Mary M.	Gorleston on Sea	Norfolk	E.Eng.	1550 / 6th c.					
St. Laurence	Hardwick	Norfolk	E.Eng.	1327 -	L		1339 +		
St. Mary	Hautbois	Norfolk	E.Eng.	1235 / 216-35	PT		1535 -		
St. Theobald	Hautbois	Norfolk	E.Eng.	1150 / 2th c.	T				
Lazar House	Heacham	Norfolk	E.Eng.	1387 -	L				
St. Stephen	Hempton	Norfolk	E.Eng.	1135 -	P	M	1201 +		
God's House	Heringby	Norfolk	E.Eng.	1476	A	M	1554	6	8
Almshouse	Hingham	Norfolk	E.Eng.	1483	A		1561 +		
St. James	Horning	Norfolk	E.Eng.	1153 -	T		1539		
	Horsham	Norfolk	E.Eng.	1163 -	T		1550 / 6th c.		
St. Mary & St. Laurence	Ickburgh	Norfolk	E.Eng.	1250 / 3th c.	L	M	1548 / 547-8		
Almshouse	King's Lynn	Norfolk	E.Eng.	1415 -	A		1550 / 6th c.		
Cowgate	King's Lynn	Norfolk	E.Eng.	1352 -	L		1432 +		
Gaywood	King's Lynn	Norfolk	E.Eng.		L		1550 / 6th c.		
Setchley	King's Lynn	Norfolk	E.Eng.		L		1432 +		
St. John B.	King's Lynn	Norfolk	E.Eng.	1135 c.	PT		1545		
St. Mary M.	King's Lynn	Norfolk	E.Eng.	1145	LST	X	1549	1	12
West Lynn	King's Lynn	Norfolk	E.Eng.		L				
M.B.V. & St. Nicholas	Massingham	Norfolk	E.Eng.	1260 -	P		1538		
St. Bartholomew	North Creake	Norfolk	E.Eng.	1189 -	A	M	1206	5	13
Brichtiu's Hospital	Norwich	Norfolk	E.Eng.	1150 -	S		1200 c.		
Croom's Almshouse	Norwich	Norfolk	E.Eng.	1516 -	A		1561 +		
Danyel's Almshouse	Norwich	Norfolk	E.Eng.	1418	A		1561 +		
Garzoun's Almshouse	Norwich	Norfolk	E.Eng.	1325 E. 14th c.	A		1561 +		
St. Benedict	Norwich	Norfolk	E.Eng.		L		1697 +		
St. Christopher	Norwich	Norfolk	E.Eng.	1369 -	A		1369		
St. Giles	Norwich	Norfolk	E.Eng.	1249	ST	M	1561 +	17	50
St. Giles	Norwich	Norfolk	E.Eng.	1272 / 272-1306	P		1547 +		
St. Giles	Norwich	Norfolk	E.Eng.	1308 -	L	X	1625 +	20	8
St. Leonard	Norwich	Norfolk	E.Eng.	1335 -	L		1570 +		
St. Margaret	Norwich	Norfolk	E.Eng.	1292	A		1561 +		
M.B.V.	Norwich	Norfolk	E.Eng.	1248 -	P		1248 +		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. Mary & St. Clement	Norwich	Norfolk	E.Eng.	1312 -	L	M	1561 +		
St. Mary & St. John	Norwich	Norfolk	E.Eng.	1146	P		1150 / 12th c.		
M.B.V.	Norwich	Norfolk	E.Eng.	1201 / 1200-1	PT		1561 +		
St. Mary M.	Norwich	Norfolk	E.Eng.	1119 / 1091-1119	L	M	1547 c.		
St. Paul	Norwich	Norfolk	E.Eng.	1119 / 1091-1145	ST	X	1571		14
St. Saviour	Norwich	Norfolk	E.Eng.	1298	A	M	1306		
St. Stephen	Norwich	Norfolk	E.Eng.	1150 / 12th c.	L		1561 +		
Lazar House	Oxborough	Norfolk	E.Eng.	1250 / 13th c.	L		1380 +		
St. Peter	Peterstone	Norfolk	E.Eng.	1200 -	P		1449	6	
St. John B.	Rushford	Norfolk	E.Eng.	1492	T		1541 c.		
	Snoring Parva	Norfolk	E.Eng.	1380 -	L				
St. Bartholomew	South Acre	Norfolk	E.Eng.	1150 / 12th c.	L		1350 c.		
	Swaffham	Norfolk	E.Eng.	1154 +	T		1537		
God's House	Thetford	Norfolk	E.Eng.	1319 -	A		1550 / 16th c.		3
St. John B.	Thetford	Norfolk	E.Eng.	1150 / 12th c.	L	M	1272 -		
St. John E.	Thetford	Norfolk	E.Eng.	1272 +	L		1538 c.		
St. Margaret	Thetford	Norfolk	E.Eng.	1304 -	L		1547 +		
St. Mary M.	Thetford	Norfolk	E.Eng.	1272 / 1240-72	L	M	1550		
M.B.V.	Thetford	Norfolk	E.Eng.	1135 -	PT		1750 -		
Lazar House	Walsingham	Norfolk	E.Eng.	1486 -	L		1550 / 16th c.		
Walsingham Friary	Walsingham	Norfolk	E.Eng.	1347 c.	PT		1538		
H. Trinity	Walsoken	Norfolk	E.Eng.	1389 -	A	X	1545		
St. Leonard	West Somerton	Norfolk	E.Eng.	1189 / 1180-9	L		1399 c.	2	13
Leper House	Wymondham	Norfolk	E.Eng.	1146 +	L	M	1550 / 16th c.	1	3
North Gate I	Yarmouth	Norfolk	E.Eng.	1349 -	L	M	1561 +		
North Gate II	Yarmouth	Norfolk	E.Eng.	1349 -	L	F	1561 +		
M.B.V.	Yarmouth	Norfolk	E.Eng.	1270	A	X	1551	3	16
St. Catherine	Shotts	N. Lanarks.	S. Scot.	1471 c.	P				
St. Leonard	Barton	N. Lincs.	E. Mids.	1259	P				
St. John B.	Brigg	N. Lincs.	E. Mids.	1422	A	M	1547 c.	2	7
St. Mary & St. Edmund K. & M.	Elsham	N. Lincs.	E. Mids.	1166 -	S	X	1208 c.	7	
Paynell's Almshouse	Wrawby	N. Lincs.	E. Mids.	1175 L. / 12th c.	A	X	1550 / 16th c.		
	Bagby	N. Yorks.	N.E. Eng.	1186 / 1145-86	S		1535 -		
St. Thomas	Bordelbi	N. Yorks.	N.E. Eng.	1150 +	L	M	1536 -		
St. Thomas	Boroughbridge	N. Yorks.	N.E. Eng.	1258 -	L		1297 c.		
St. Mary	Brandsby	N. Yorks.	N.E. Eng.	1265					
St. Giles	Brompton	N. Yorks.	N.E. Eng.	1181 / 1165-81	LST	M	1467 +		
St. Mary M.	Broughton	N. Yorks.	N.E. Eng.	1154	P		1539 c.		
M.B.V.	Crayke	N. Yorks.	N.E. Eng.	1228 -					
Easby Abbey	Easby	N. Yorks.	N.E. Eng.	1393	A	M	1537		22
M.B.V. & St. Andrew	Flixton	N. Yorks.	N.E. Eng.	1175 L. / 12th c.	T	X	1550 / 16th c.	1	14
	Goathland	N. Yorks.	N.E. Eng.	1109 +	P	M	1150 / 12th c.		
	Herford	N. Yorks.	N.E. Eng.	1389					
Bedehouse	Hopperton	N. Yorks.	N.E. Eng.	1500	A				
	Knaresborough	N. Yorks.	N.E. Eng.	1275 -	L		1539 / 1536-9		
	Malton	N. Yorks.	N.E. Eng.	1150 c.	PT		1539		
Jesus	Middleham	N. Yorks.	N.E. Eng.				1550 / 16th c.		
Maison Dieu	Northallerton	N. Yorks.	N.E. Eng.	1476	A	X	1561 +		13
St. James	Northallerton	N. Yorks.	N.E. Eng.	1208 / 1197-1208	ST		1540	21	13
M.B.V.	Northallerton	N. Yorks.	N.E. Eng.	1294					
St. Nicholas	Norton	N. Yorks.	N.E. Eng.	1169 / 1154-69	PT		1539		
St. Nicholas	Pickering	N. Yorks.	N.E. Eng.	1300 -	P	X	1535 +		
St. Nicholas	Richmond	N. Yorks.	N.E. Eng.	1172 -	S		1585 -		
Fountains Abbey	Ripon	N. Yorks.	N.E. Eng.	1199 -	PT		1539		
St. Anne	Ripon	N. Yorks.	N.E. Eng.	1438 -	A	X	1561 +	1	10
St. John B.	Ripon	N. Yorks.	N.E. Eng.	1114 / 1109-14	PTC	X	1561 +		
St. Mary M.	Ripon	N. Yorks.	N.E. Eng.	1139 / 1119-39	LTC	X	1561 +		
St. Nicholas	Ripon	N. Yorks.	N.E. Eng.	1350 -					
St. James	Scarborough	N. Yorks.	N.E. Eng.	1468 -	A		1550 / 16th c.		
M.B.V.	Scarborough	N. Yorks.	N.E. Eng.	1468 -	A		1550 / 16th c.		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. Mary M.	Scarborough	N.Yorks.	N.E.Eng.	1468-	A		1550 <i>16th c.</i>		
St. Nicholas	Scarborough	N.Yorks.	N.E.Eng.	1298-	P	X	1538		
St. Stephen	Scarborough	N.Yorks.	N.E.Eng.	1468-	A		1550 <i>16th c.</i>		
St. Thomas M.	Scarborough	N.Yorks.	N.E.Eng.	1189-	A	X	1644		
St. Laurence	Seamer	N.Yorks.	N.E.Eng.	1490-	A	M	1539 <i>c.</i>		
St. Mary M.	Sherburn in Elmet	N.Yorks.	N.E.Eng.	1261-	A	M	1352 <i>c.</i>		
St. Mary M.	Skipton	N.Yorks.	N.E.Eng.	1306-	L		1351+		
St. John B.	Staintondale	N.Yorks.	N.E.Eng.	1199-	PT		1308+		
M.B.V.	Staxton	N.Yorks.	N.E.Eng.	1297-					
Domus Leprosorum	Tadcaster	N.Yorks.	N.E.Eng.	1174-	LS		1490-		
	Terrington	N.Yorks.	N.E.Eng.	1288-					
St. Laurence	Upsall	N.Yorks.	N.E.Eng.	1150 <i>c.</i>	L		1234-		
St. Michael A.	Well	N.Yorks.	N.E.Eng.	1342	S	X	1561+	3	24
La Magdalena	West Tanfield	N.Yorks.	N.E.Eng.		A	F	1614+		4
St. John B.	Whitby	N.Yorks.	N.E.Eng.	1320-	P		1407 <i>1401-7</i>		
St. Michael A.	Whitby	N.Yorks.	N.E.Eng.	1109	LP	X	1201+		
St. John B.	Armston	Northants.	C.Eng.	1232 <i>1231-2</i>	S		1536		
St. James & St. John E.	Aynho	Northants.	C.Eng.	1177 <i>1154-77</i>	ST		1550 <i>16th c.</i>		
St. James & St. John E.	Brackley	Northants.	C.Eng.	1150 <i>c.</i>	S	M	1561+		
St. Leonard	Brackley	Northants.	C.Eng.	1280-	L	M	1417		
St. John	Byfield	Northants.	C.Eng.	1313					
St. Leonard	Cotes	Northants.	C.Eng.	1229-	L		1301+		
M.B.V. & All SS	Fotheringhay	Northants.	C.Eng.	1415 <i>1411-5</i>	A		1548		10
St. John B.	Guilsborough	Northants.	C.Eng.	1285-	PT		1338-		
Bede House	Higham Ferrers	Northants.	C.Eng.	1423	A	M	1561+	1	12
St. James	Higham Ferrers	Northants.	C.Eng.	1163-	L	X	1550 <i>16th c.</i>		
St. David	Kingsthorpe	Northants.	C.Eng.	1200	PT	X	1570 <i>c.</i>	9	
St. John B. & St. John E.	Northampton	Northants.	C.Eng.	1140 <i>c.</i>	S	X	1561+	3	8
St. Leonard	Northampton	Northants.	C.Eng.	1087 <i>1066-87</i>	LS		1740+		
M.B.V.	Northampton	Northants.	C.Eng.	1262-					
St. Thomas M.	Northampton	Northants.	C.Eng.	1450 <i>c.</i>	A	X	1561+	2	12
Walbek	Northampton	Northants.	C.Eng.	1301-	L		1360-		
Viate's Almshouse	Oundle	Northants.	C.Eng.	1485	A		1540+		
	Rothwell	Northants.	C.Eng.	1275 <i>L. 13th c.</i>					
St. John B. & St. Martin the Bishop	Southwick	Northants.	C.Eng.	1258			1535-		
St. Leonard	Thrapston	Northants.	C.Eng.	1246-	L		1305+		
St. Leonard	Towcester	Northants.	C.Eng.	1200-	L	M	1447-		
Leper House	Welford	Northants.	C.Eng.	1225 <i>E. 13th c.</i>	L				
St. John	Grimsby	N-E Lincs.	E.Mids.	1389-					
St. Mary M. & St. Leger	Grimsby	N-E Lincs.	E.Mids.	1291 <i>c.</i>	L	X	1336+		
St. Leonard	Allerburn	N.humb	N.E.Eng.	1281-	PT		1537		
St. Leonard	Alnwick	N.humb	N.E.Eng.	1193 <i>c.</i>	L		1535-		
St. Mary M.	Bamburgh	N.humb	N.E.Eng.	1221 <i>c.</i>	L	M	1376 <i>c.</i>		
	Bedlington	N.humb	N.E.Eng.	1203-	L		1500-		
Leper House	Berwick	N.humb	N.E.Eng.	1249-	L				
St. Bartholomew	Berwick	N.humb	N.E.Eng.	1234-	L		1535-		
St. Edward	Berwick	N.humb	N.E.Eng.	1234-	S		1456-		
St. Leonard	Berwick	N.humb	N.E.Eng.	1297-					
M.B.V., St. John E., & St. Andrew	Berwick	N.humb	N.E.Eng.	1287-	S	X	1484+		5
St. Mary M.	Berwick	N.humb	N.E.Eng.	1296-	P		1432-		
St. Michael A.	Berwick	N.humb	N.E.Eng.	1266-	ST	X	1296+		
St. James	Blyth	N.humb	N.E.Eng.	1200-	T		1378 <i>c.</i>		
St. Mary	Bolam	N.humb	N.E.Eng.	1285 <i>c.</i>	T		1359+		
St. Thomas M.	Bolton	N.humb	N.E.Eng.	1225	LPT	M	1547 <i>c.</i>		13
St. John	Catchburn	N.humb	N.E.Eng.	1363-					
St. Mary M.	Catchburn	N.humb	N.E.Eng.	1200 <i>c.</i>	T		1363+		
	Corbridge	N.humb	N.E.Eng.	1293-	L		1378+		
St. Lazarus	Eglingham	N.humb	N.E.Eng.	1189 <i>1178-89</i>	L		1334+		
Spital	Embleton	N.humb	N.E.Eng.	1250 <i>13th c.</i>	L		1314+		
Pilgrims' Hospital	Hexham	N.humb	N.E.Eng.	1350 <i>14th c.</i>	T		1537 <i>c.</i>		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. Giles	Hexham	N.humb	N.E.Eng.	1114 c.	LS		1537		8
	Kirknewton	N.humb	N.E.Eng.	1250 -	A	M	1369 +		3
	Morpeth	N.humb	N.E.Eng.	1170 -	S		1500 -		
St. Leonard	Morpeth	N.humb	N.E.Eng.	1135 / 1100-35	S		1537 c.		
Spital	Newbiggin	N.humb	N.E.Eng.	1391 -			1550 / 16th c.		
St. Mary M.	Norham	N.humb	N.E.Eng.	1311 -	L		1333 c.		
	Otterburn	N.humb	N.E.Eng.	1240 -	T		1544 +		
St. James	Rothbury	N.humb	N.E.Eng.	1283 c.	S		1537 -		
	Sheepwash	N.humb	N.E.Eng.		T		1379 +		
	Spital	N.humb	N.E.Eng.	1274 -	T		1500 -		
St. John B.	Warenford	N.humb	N.E.Eng.	1253 -	L		1399 -		
St. John B.	Warkworth	N.humb	N.E.Eng.	1292 -	S		1537 -		
St. Mary M.	Wooler	N.humb	N.E.Eng.	1288 -	L		1490 +		
St. Edmund K. & M.	Blyth	Notts.	E.Mids.	1228 -	L				
St. John E.	Blyth	Notts.	E.Mids.	1226	L	X	1561 +	4	
St. Mary M.	Bradebusk	Notts.	E.Mids.	1252 c.	LS		1561 +		
St. Anthony	Lenton	Notts.	E.Mids.	1108 / 1102-8	A	M	1538		5
St. Mary M.	Martin	Notts.	E.Mids.	1200 -	A	X	1561 +		
Appiltongate Almshouse	Newark-on-Trent	Notts.	E.Mids.	1466 -	A		1561 +		
Bede-house	Newark-on-Trent	Notts.	E.Mids.	1556	A	M	1783 +		5
Churchyard Almshouse	Newark-on-Trent	Notts.	E.Mids.	1466 -	A		1561 +		
Milnegate Almshouse	Newark-on-Trent	Notts.	E.Mids.	1466 -	A		1561 +		
St. Leonard	Newark-on-Trent	Notts.	E.Mids.	1125	LS	X	1561 +		
St. Leonard & St. Anne	Newark-on-Trent	Notts.	E.Mids.	1135 -	P	X	1547		
Templars' Hospital	Newark-on-Trent	Notts.	E.Mids.	1185 -	S		1308 c.		
Annunciation of M.B.V.	Nottingham	Notts.	E.Mids.	1392 / 1390-2	A	F	1545 -		13
H.Sepulchre	Nottingham	Notts.	E.Mids.	1170 c.	P	M	1307 +		
St. John B.	Nottingham	Notts.	E.Mids.	1202 -	S	X	1561 +		
St. Leonard	Nottingham	Notts.	E.Mids.	1189 -	L	M	1571 +		
St. Mary	Nottingham	Notts.	E.Mids.	1330 -	L	M	1334 +		
St. Mary M.	Southwell	Notts.	E.Mids.	1208 -	L		1534 +		
	Wollaton	Notts.	E.Mids.	1474 c.	A	X	1547		
	Kirkwall	Orkney	N.Scot.	1560 -			1581 +		
St. Helen	Abingdon	Oxon.	C.Eng.	1442	A	X	1548	2	13
St. John B.	Abingdon	Oxon.	C.Eng.	1120 c.	A	M	1538		6
St. Mary M.	Abingdon	Oxon.	C.Eng.	1336 -	A	X	1548 c.		20
New Almshouse	Banbury	Oxon.	C.Eng.	1501	A				
St. John B.	Banbury	Oxon.	C.Eng.	1225 -	A	M	1549		
St. Leonard	Banbury	Oxon.	C.Eng.	1265 -	L	M	1398 +		
M.B.V. & St. John B.	Bicester	Oxon.	C.Eng.		S		1450 / 15th c.		
St. John E.	Burford	Oxon.	C.Eng.	1226 -	A	M	1538		
Warwick's Almshouse	Burford	Oxon.	C.Eng.	1457	A	X	1561 +		8
H.Trinity & St. Catherine	Childrey	Oxon.	C.Eng.	1526	A	M	1824 +		3
St. Leonard	Clanfield	Oxon.	C.Eng.	1279 c.	T		1547		
St. Leonard	Clattercote	Oxon.	C.Eng.	1166	L		1262 / 1246-62		55
St. Giles	Cold Norton	Oxon.	C.Eng.	1158 / 1148-58	P		1507		
St. Mary M.	Crowmarsh Gifford	Oxon.	C.Eng.	1142 -	L	X	1547		
God's House	Ewelme	Oxon.	C.Eng.	1437	A	M	1995 +	2	13
	Eynsham	Oxon.	C.Eng.	1228 -					
St. John B.	Fyfield	Oxon.	C.Eng.	1442	A		1548		
	Gosford	Oxon.	C.Eng.	1140 c.			1547 c.		
Bethlem	Oxford	Oxon.	C.Eng.	1219 -					
Domus Conversorum	Oxford	Oxon.	C.Eng.	1234 c.	J				
St. Bartholomew	Oxford	Oxon.	C.Eng.	1126	L	M	1561 +	1	12
St. Clement	Oxford	Oxon.	C.Eng.	1345 -					
St. Giles	Oxford	Oxon.	C.Eng.	1330 -	A	M	1390 +		
St. John B.	Oxford	Oxon.	C.Eng.	1180 -	PT	X	1457	(15)	(10)
St. Peter	Oxford	Oxon.	C.Eng.	1338 -	P		1379		
Wolsey's Almshouse	Oxford	Oxon.	C.Eng.	1525 E. 16th c.	A		1888		
St. Christopher	Thame	Oxon.	C.Eng.	1447 c.	A	M	1561 +		6

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
St. John B.	Wallingford	Oxon.	C.Eng.	1224 -	P	X	1547		
St. Margaret	Wallingford	Oxon.	C.Eng.	1334 -					
St. Mary M.	Wallingford	Oxon.	C.Eng.	1226 -	L	M	1546 -		
H.Cross	Woodstock	Oxon.	C.Eng.	1231 -	L	M			
Leper House	Woodstock	Oxon.	C.Eng.	1235 -	L	F			
M.B.V. & St. Mary M.	Woodstock	Oxon.	C.Eng.	1220 -	A	M	1339 +		
St. Mary M.	Little Haverford	Pembs.	S.Wales	1246 -	L				
St. Michael A.	Llandeweryn	Pembs.	S.Wales	1408 -					
Hospitium	Llandridian	Pembs.	S.Wales	1150 12th c.	T				
M.B.V., St. Thos M. & St. Edward C.	Llawhaden	Pembs.	S.Wales	1287	STC		1525 <i>E.16th c.</i>		
St. Mary M.	Pembroke	Pembs.	S.Wales	1250 13th c.	L		1535 +		
St. Mary	Spittal	Pembs.	S.Wales	1293 1280-93	T		1550 16th c.		
Bek's Hospital	St. David's	Pembs.	S.Wales	1293 1280-93	TC		1377 c.		
	Templeton	Pembs.	S.Wales	1185 -	T		1300 -		
St. John B.	Tenby	Pembs.	S.Wales	1260 c.	P		1547 c.		
St. Mary M.	Tenby	Pembs.	S.Wales	1236 c.	L	X	1547 c.		
Hospitium	Wiston	Pembs.	S.Wales	1250 13th c.	T				
St. George	Dunkeld	Perth & Kin.	N.Scot.	1506 -	P		1608 +	1	7
M.B.V.	Loch Leven	Perth & Kin.	N.Scot.	1214 c.	P				
	Methven	Perth & Kin.	N.Scot.	1550	SO		1561 +		5
	Perth	Perth & Kin.	N.Scot.		L				
St. Anne	Perth	Perth & Kin.	N.Scot.	1488 -	P		1586		
St. Catherine	Perth	Perth & Kin.	N.Scot.	1523	T		1567 c.		
St. Leonard	Perth	Perth & Kin.	N.Scot.	1184 -			1543 +		
St. Mary M.	Perth	Perth & Kin.	N.Scot.	1327 -	P		1543 +		
St. Paul	Perth	Perth & Kin.	N.Scot.	1434	ST		1583 1580-3		
St. Thomas	Portmoak	Perth & Kin.	N.Scot.	1184 -	P	X			
St. John E.	Scone	Perth & Kin.	N.Scot.	1227 -					
St. Guthlac	Marholm	Peterbro	E.Eng.	1272 -			1350 14th c.		
St. Leonard	Peterborough	Peterbro	E.Eng.	1125 -	L		1539	3	13
St. Thomas M.	Peterborough	Peterbro	E.Eng.	1175 -	S	F	1539		
	Southorpe	Peterbro	E.Eng.	1291 -	P		1535 +		
H.Sepulchre	Stamford	Peterbro	E.Eng.	1189 1170-89	T		1227 +		
St. Giles	Stamford	Peterbro	E.Eng.	1189 -	L		1332 +		
St. John B. & St. Thomas M.	Stamford	Peterbro	E.Eng.	1174 c.	PT		1535 -		
	Thorney	Peterbro	E.Eng.	1166 1150-66	P				
H.Trinity & St. Mary M.	Plymouth	Plymouth	S.W.Eng.	1374 -	L		1648 -		20
Old Church Twelves	Plymouth	Plymouth	S.W.Eng.	1492 -	A		1868		12
M.B.V.	Plymouth	Plymouth	S.W.Eng.	1501	A				
H.Trinity & St. Mary M.	Plympton	Plymouth	S.W.Eng.	1293 -	L		1850 19th c.		6
St. George	Poole	Poole	S.W.Eng.	1375 L. 14th c.	A		1604 +		
St. John B. & St. Nicholas	Portsmouth	Portsmouth	S.E.Eng.	1212	ST	M	1540	13	12
St. Mary M.	Portsmouth	Portsmouth	S.E.Eng.	1253 -	L		1340 +		
	Llanspyddid	Powys	N.Wales						
Barnes' Hospital	Reading	Reading	C.Eng.	1450 15th c.	A		1545 c.		
Leche's Almshouse	Reading	Reading	C.Eng.	1477	A		1561 +		
St. John B.	Reading	Reading	C.Eng.	1196 c.	PT	X	1479 c.	1	13
St. Mary M.	Reading	Reading	C.Eng.	1135 1130-5	L	M	1479 -	1	12
St. Leonard	Hutton	Recar	N.E.Eng.	1150 12th c.	L		1540 c.		
St. Giles	Cottesmore	Rutland	E.Mids.	1266 -	L				
St. Margaret	Great Casterton	Rutland	E.Mids.	1290 -	L	M	1328 +		
St. John E. & St. Anne	Oakham	Rutland	E.Mids.	1398	A	M	1750 18th c.	2	12
St. Mary M.	Seaton	Rutland	E.Mids.	1271 -	A				
M.B.V. & St. Anne	Tolethorpe	Rutland	E.Mids.	1301	A	M	1359	1	7
Angeram Spittel	Ancrum	Borders	S.Scot.				1545		
	Cockburnspath	Borders	S.Scot.	1511 -			1581 +		
St. Mary M.	Duns	Borders	S.Scot.	1274 -	P		1552 -		
	Earlston	Borders	S.Scot.	1160 -			1500 -		
St. Leonard	Ednam	Borders	S.Scot.	1178 -	A	M	1649 +		
St. Leonard	Fairmington	Borders	S.Scot.	1511 -	A		1594 +		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
	Hadden	Borders	S.Scot.	1432-					
St. Leonard	Horndean	Borders	S.Scot.	1240-	A	X	1301+	1	2
St. John	Hutton	Borders	S.Scot.	1296-			1542		
Domum Eleemosinarum	Jedburgh	Borders	S.Scot.	1553-	A		1575+		
Maison Dieu	Jedburgh	Borders	S.Scot.	1296-	P		1696+		
	Kelso	Borders	S.Scot.	1260-	P		1567+		
St. Leonard	Lauder	Borders	S.Scot.	1189 /175-89	A	X	1429 c.		
St. Mary M.	Legerwood	Borders	S.Scot.	1165 /153-65	LS		1296+		
Nenthorn Spittal	Nenthorn	Borders	S.Scot.				1542		
	Old Cambus	Borders	S.Scot.	1216 /214-6	L				
Almshouse I	Peebles	Borders	S.Scot.	1462	A		1549+		
Almshouse II	Peebles	Borders	S.Scot.	1464	A		1549 c.		
St. Leonard	Peebles	Borders	S.Scot.	1305-	P		1592+		
Maison Dieu	Roxburgh	Borders	S.Scot.	1305-	S		1696+		
St. John E.	Roxburgh	Borders	S.Scot.	1286 /249-86			1426+		
St. Mary M.	Roxburgh	Borders	S.Scot.	1319-					
St. Peter	Roxburgh	Borders	S.Scot.	1286 /249-86			1426+		
M.B.V.	Rulemouth	Borders	S.Scot.	1426-	L		1586+		
M.B.V.	Rutherford	Borders	S.Scot.	1276-	SO		1444+		
St. Mary M.	Segden	Borders	S.Scot.	1250 /3th c.	A	M	1379-		
Smailholm Spittall	Smailholm	Borders	S.Scot.	1429-	S		1542		
	Trefontains	Borders	S.Scot.	1250 /3th c.			1450 /15th c.		
Domus Dei	Wheel	Borders	S.Scot.	1310-		X	1386+		
St. Mary M.	Battlefield	Salop	W.Mids.	1409	A		1547		
	Berton	Salop	W.Mids.				1550 /16th c.		
H.Trinity, M.B.V. & St. John B.	Bridgnorth	Salop	W.Mids.	1179	SOT	X	1538		
St. James	Bridgnorth	Salop	W.Mids.	1224	LS	X	1547		
St. Lazarus	Bridgnorth	Salop	W.Mids.	1231-	L				
St. Leonard	Bridgnorth	Salop	W.Mids.	1278-			1687-		
St. Giles	Cleobury Mortimer	Salop	W.Mids.		L				
H.Trinity, M.B.V. & St. John B.	Ludlow	Salop	W.Mids.	1220 c.	ST	M	1547-		
St. Giles	Ludlow	Salop	W.Mids.	1216-	L		1561+		
St. John E.	Ludlow	Salop	W.Mids.	1482	A	X	1758+		30
	Meole Brace	Salop	W.Mids.	1277-					
St. John	Much Wenlock	Salop	W.Mids.	1267-			1275+		
St. Mary	Nesscliffe	Salop	W.Mids.	1250 c.			1550 /16th c.		
St. John B.	Oswestry	Salop	W.Mids.	1210 /200-10	L		1300-		
St. Chad	Shrewsbury	Salop	W.Mids.	1409 c.	A	M	1561+		13
St. George	Shrewsbury	Salop	W.Mids.	1162-	P		1278-		
St. Giles	Shrewsbury	Salop	W.Mids.	1135-	LS	X	1636		
St. John B.	Shrewsbury	Salop	W.Mids.	1221-	P		1547 c.		
St. Mary M.	Shrewsbury	Salop	W.Mids.	1444 c.	A		1825	1	14
St. Bartholomew	Tong	Salop	W.Mids.	1410	A	X	1561+		13
Albi Monasterii	Whitchurch	Salop	W.Mids.	1250 /3th c.	P	M	1450 /15th c.		
Almshouse	Beckington	Somerset	S.W.Eng.	1502	A				
St. Giles	Bridgwater	Somerset	S.W.Eng.	1350 /4th c.	L		1539 c.		
St. John B.	Bridgwater	Somerset	S.W.Eng.	1213	ST	X	1539		13
	Bruton	Somerset	S.W.Eng.	1291-	A		1524+		
Almshouse	Crocombe	Somerset	S.W.Eng.	1548-	A		1561+		
Abbot Beere's Hospital	Glastonbury	Somerset	S.W.Eng.	1512	A	F	1545-		10
Pilgrims' Hospice	Glastonbury	Somerset	S.W.Eng.	1483 /456-83	T				
St. John B.	Glastonbury	Somerset	S.W.Eng.	1150 /2th c.	ST		1512		
St. Mary M.	Glastonbury	Somerset	S.W.Eng.	1250 /3th c.	A	M	1561+	1	10
Almshouse	Ilchester	Somerset	S.W.Eng.	1426	A		1809-		
H.Trinity	Ilchester	Somerset	S.W.Eng.	1220 /217-20	T	X	1463 /436-63		
St. Margaret	Ilchester	Somerset	S.W.Eng.	1212-	L	M	1258+		
St. Mary M.	Langport	Somerset	S.W.Eng.	1280 c.	L		1645 c.		
	Porlock	Somerset	S.W.Eng.	1250 /3th c.	A	M	1548+		2
	Selwood	Somerset	S.W.Eng.	1212-	L				
Almshouse I	Taunton	Somerset	S.W.Eng.		A		1547+		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
Almshouse II	Taunton	Somerset	S.W.Eng.		A		1547 +		
St. Margaret	Taunton	Somerset	S.W.Eng.	1174 c.	L	(X)	1938		
St. John B.	Wells	Somerset	S.W.Eng.	1209 1206-09	SO		1539	(2)	(10)
St. Saviour	Wells	Somerset	S.W.Eng.	1436 1424-36	A	X	1561 +	1	24
St. George & St. Christopher	Yeovil	Somerset	S.W.Eng.	1477	A	X	1561 +	3	12
St. John B.	Southampton	Soton	S.E.Eng.	1315 -	A		1561 +		
St. Julian	Southampton	Soton	S.E.Eng.	1197 c.	PS	X	1561 +	15	4
St. Mary M.	Southampton	Soton	S.E.Eng.	1173 1172-3	L	X	1401 c.		
Leper Houses	Ayr	S.Ayrs.	S.Scot.	1448 -	L		1548 +		4
St. Leonard	Ayr	S.Ayrs.	S.Scot.	1420 -			1506 +		
Fail Friary	Fail	S.Ayrs.	S.Scot.	1450 15th c.	A	M	1562 +		4
St. Ninian	Kingcase	S.Ayrs.	S.Scot.	1350 14th c.	L		1750 18th c.		
Almshouse	Biggar	S.Lanarks.	S.Scot.	1546 1545-6	A				6
St. Leonard	Biggar	S.Lanarks.	S.Scot.	1446 -			1546 -		
St. Leonard	Cambuslang	S.Lanarks.	S.Scot.	1455 -					
	Carnwath	S.Lanarks.	S.Scot.	1425 E. 15th c.	A	M	1524 -		8
	Covington	S.Lanarks.	S.Scot.	1468 1448-68	A				
St. Thomas M.	Hamilton	S.Lanarks.	S.Scot.	1497 -					
St. Leonard	Lanark	S.Lanarks.	S.Scot.	1249 -	A		1636 +		
St. Leonard	Torrance	S.Lanarks.	S.Scot.	1296 -			1546 +		
St. James	Doncaster	S.Yorks.	E.Mids.	1223 -	LS		1538 -		
St. Leonard	Doncaster	S.Yorks.	E.Mids.						
St. Nicholas	Doncaster	S.Yorks.	E.Mids.	1199 -	P	X	1350 14th c.		
St. Leonard	Sheffield	S.Yorks.	E.Mids.	1181 -	LS		1522 +		
St. Edmund K. & M.	Sprotbrough	S.Yorks.	E.Mids.	1252 c.	A	F	1547 -		
Hospital in the Marsh	Tickhill	S.Yorks.	E.Mids.	1325 -	P	M	1516 +		
Maison Dieu	Tickhill	S.Yorks.	E.Mids.	1399 1362-99	A		1561 +		
St. Leonard	Tickhill	S.Yorks.	E.Mids.	1225 -	L	(M)	1536 -		
	Burton-on-Trent	Staffs.	W.Mids.	1155 -	A		1545		4
St. Mary	Cannock	Staffs.	W.Mids.	1220 -	A	M	1242 c.		
Beacon Street Hospital	Lichfield	Staffs.	W.Mids.	1424	A	(F)	1561 +		
St. John B.	Lichfield	Staffs.	W.Mids.	1140 c.	P	X	1561 +		
St. Leonard	Lichfield	Staffs.	W.Mids.	1246 -	L		1496 -		
St. Anne	Ranton	Staffs.	W.Mids.	1266 -	P				
H.Sepulchre	Stafford	Staffs.	W.Mids.	1254 -	L		1320 +		
St. Giles	Stafford	Staffs.	W.Mids.		L		1553 +		
St. John B.	Stafford	Staffs.	W.Mids.	1208 -	P	M	1548		
St. Leonard	Stafford	Staffs.	W.Mids.	1372 1350-72	P	X	1548		
St. James	Tamworth	Staffs.	W.Mids.	1274 c.	A	M	1548		
Leper House	Stirling	Stirling	N.Scot.	1464 -	L		1513 c.		
Mary of Gueldres' Hospital	Stirling	Stirling	N.Scot.	1462 1449-62	P		1463 c.		6
Nether Hospital	Stirling	Stirling	N.Scot.	1530 c.	A		1738 +		
St. James	Stirling	Stirling	N.Scot.	1225 -			1567 -		
St. Peter	Stirling	Stirling	N.Scot.	1482 -	A		1610 -		
St. Nicholas	Yarm	Stockton	N.E.Eng.	1185 -	P	X	1546 -	3	13
St. John B.	Newcastle	Stoke	W.Mids.	1266 -	P	M	1551 +		
St. Mary M.	Beccles	Suffolk	E.Eng.	1267 -	L	X	1561 +		
St. John & St. Mary	Bungay	Suffolk	E.Eng.						
Almshouse	Bury St. Edmunds	Suffolk	E.Eng.	1480 c.	A	M	1548 c.		4
St. John E.	Bury St. Edmunds	Suffolk	E.Eng.	1252 1248-52	P	X	1539	2	
St. Nicholas	Bury St. Edmunds	Suffolk	E.Eng.	1215 c.	L	M	1539		
St. Peter	Bury St. Edmunds	Suffolk	E.Eng.	1135 1121-35	LSC		1561 +		
St. Petronilla	Bury St. Edmunds	Suffolk	E.Eng.	1150 12th c.	L	F	1539 c.		
St. Saviour	Bury St. Edmunds	Suffolk	E.Eng.	1180	S	X	1539	19	24
St. Stephen	Bury St. Edmunds	Suffolk	E.Eng.	1260 1150-1260					
Almshouse	Clare	Suffolk	E.Eng.	1462	A				
H.Trinity	Dunwich	Suffolk	E.Eng.	1250 -	P	X	1561 +		
St. James	Dunwich	Suffolk	E.Eng.	1189 -	L	X	1750 18th c.		
St. Mary M.	Eye	Suffolk	E.Eng.	1329 -	L		1547 c.		
St. James	Great Thurlow	Suffolk	E.Eng.	1291 -	P		1414 c.		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
Almshouse	Hadleigh	Suffolk	E.Eng.	1497	A		1561 +		
Almshouse	Ipswich	Suffolk	E.Eng.	1515	A		1561 +		
St. James	Ipswich	Suffolk	E.Eng.	1199 -	L		1550 16th c.		
St. Leonard	Ipswich	Suffolk	E.Eng.	1250 13th c.	L		1583 +		
St. Mary M.	Ipswich	Suffolk	E.Eng.	1199 -	L		1550 16th c.		
St. Thomas	Ipswich	Suffolk	E.Eng.		L				
M.B.V. & St. Anthony	Kersey	Suffolk	E.Eng.	1218 c.	P		1218 +		
	Newton	Suffolk	E.Eng.	1290 -					
St. John B.	Orford	Suffolk	E.Eng.	1390 -	P		1501 +		
St. Leonard	Orford	Suffolk	E.Eng.	1267 -	L		1320 +		
St. John B.	Sibton	Suffolk	E.Eng.	1264 -	ST		1536 c.		
	Stratton	Suffolk	E.Eng.		L				
H.Sepulchre	Sudbury	Suffolk	E.Eng.	1183 1147-83	P		1383 -		
Christ & M.B.V.	Sudbury	Suffolk	E.Eng.	1216 -			1277 +		
St. John B.	Sudbury	Suffolk	E.Eng.						
St. Leonard	Sudbury	Suffolk	E.Eng.	1372	L		1561 +		
	Farnham	Surrey	S.E.Eng.	1199 -	L				
St. Thomas M.	Guildford	Surrey	S.E.Eng.	1214 -	L		1561 +		
	Lingfield	Surrey	S.E.Eng.	1431	A	X	1544		13
M.B.V. & the H.Cross	Reigate	Surrey	S.E.Eng.	1240 1217-40	S		1350 14th c.		
H.Ghost	Sandown	Surrey	S.E.Eng.	1150 M.12th c.	A	M	1436		
St. James	Tandridge	Surrey	S.E.Eng.	1175 L.12th c.	A	X	1222 1218-22	3	
St. David	Swansea	Swansea	S.Wales	1332	SC	M	1547		12
St. John B.	Swansea	Swansea	S.Wales	1214 1203-14	PT		1338 -		
St. Giles	Newport	Telford & W.	W.Mids.	1337 -					
St. Nicholas, Christ, M.B.V. & All	Newport	Telford & W.	W.Mids.	1446	A	X	1836		4
St. Mary	East Tilbury	Thurrock	E.Eng.	1213 1190-1213	P	X	1456 -	1	
H.Trinity	Gateshead	Tyne & W.	N.E.Eng.	1200 c.	P	M	1248	1	3
St. Edmund A. & C.	Gateshead	Tyne & W.	N.E.Eng.	1248	T		1539	4	
St. Edmund K. & M. & St. Cuthbert	Gateshead	Tyne & W.	N.E.Eng.	1315	P	X	1594 +		
Brigham's Almshouse	Newcastle	Tyne & W.	N.E.Eng.	1504	A	F	1610 +		
Nether Dean Almshouse	Newcastle	Tyne & W.	N.E.Eng.	1450 15th c.	A	F	1650 -		
Nykson's Almshouse	Newcastle	Tyne & W.	N.E.Eng.	1515 -	A	F	1733 +		4
Pudding Chare Almshouse	Newcastle	Tyne & W.	N.E.Eng.		A	X	1750 18th c.		7
Spital Almshouse	Newcastle	Tyne & W.	N.E.Eng.	1450 15th c.	A		1750 18th c.		
St. Catherine	Newcastle	Tyne & W.	N.E.Eng.	1403	A	X	1624 -	1	18
St. Cuthbert	Newcastle	Tyne & W.	N.E.Eng.	1450 15th c.	T		1564 +		
St. Mary	Newcastle	Tyne & W.	N.E.Eng.	1125 -	T		1548		
M.B.V.	Newcastle	Tyne & W.	N.E.Eng.	1165 c.	PTC		1561 +	4	
St. Mary M.	Newcastle	Tyne & W.	N.E.Eng.	1135 -	L	X	1582		
St. Michael A.	Newcastle	Tyne & W.	N.E.Eng.	1360	S		1539	7	3
Stockbridge Almshouse	Newcastle	Tyne & W.	N.E.Eng.		A	F	1584 +		
Trinity House	Newcastle	Tyne & W.	N.E.Eng.	1492	A		1561 +		
Ward's Almshouse	Newcastle	Tyne & W.	N.E.Eng.	1475 -	A	X	1642 +		24
St. Stephen	Pelaw	Tyne & W.	N.E.Eng.	1260 -	T		1450 -		
	Ryton	Tyne & W.	N.E.Eng.	1242 -	L				
St. Leonard	Tynemouth	Tyne & W.	N.E.Eng.	1220 c.	P	(F)	1536		
	Werhale	Tyne & W.	N.E.Eng.	1265 -			1344 +		
	Warrington	Warrington	N.W.Eng.	1250 13th c.	T		1550 16th c.		
	Wilderspool	Warrington	N.W.Eng.	1355 -					
St. Edmund K. & M.	Bretford	Warwicks.	W.Mids.	1180 -	L	M	1360 +		
	Henley	Warwicks.	W.Mids.	1250 13th c.	PT		1550 16th c.		
H.Cross	Stratford	Warwicks.	W.Mids.	1269	SC	M	1547		
Studley Priory	Studley	Warwicks.	W.Mids.	1242 -	S		1536		
Thelsford Priory	Thelsford	Warwicks.	W.Mids.	1212 1200-12	PT		1538		
St. John B.	Warwick	Warwicks.	W.Mids.	1183 c.	ST		1546		
St. Laurence	Warwick	Warwicks.	W.Mids.	1255 -	L				
St. Michael A.	Warwick	Warwicks.	W.Mids.	1135 c.	L		1547		
St. Thomas M.	Warwick	Warwicks.	W.Mids.	1184 -	PT		1312 -		
Warwick St. Sepulchre Priory	Warwick	Warwicks.	W.Mids.	1119 1114-19	T		1280 c.		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
God's House	Donnington	W. Berks.	C.Eng.	1393		A M	1548		13
St. John B.	Hungerford	W. Berks.	C.Eng.	1150	12th c.	S X	1547-		
St. Laurence	Hungerford	W. Berks.	C.Eng.	1228-		L F	1350 c.		
H. Trinity	Lambourn	W. Berks.	C.Eng.	1501		A M	1547		10
St. Bartholomew	Newbury	W. Berks.	C.Eng.	1215-		SO X	1561+		
St. Mary M.	Newbury	W. Berks.	C.Eng.	1232-		L F			
M.B.V.	Newbury	W. Berks.	C.Eng.	1375-		A F	1604+		6
Loundres' Almshouse	Thatcham	W. Berks.	C.Eng.	1433		A X	1561+		
Almshouse	Dumbarton	W. Duns.	S.Scot.	1454 c.		A X	1633-		
Leper House	Dumbarton	W. Duns.	S.Scot.	1489-		L X	1550	16th c.	
Ostellarie de Brigend	Geilston	W. Duns.	N.Scot.	1560-		T	1582+		
Hostillar House	Old Kilpatrick	W. Duns.	S.Scot.	1173 c.		PT	1518+		
Almshouse	Linlithgow	W. Lothian	S.Scot.	1448-		A	1650	17th c.	
M.B.V.	Linlithgow	W. Lothian	S.Scot.	1496		A	1561+		
St. Mary M.	Linlithgow	W. Lothian	S.Scot.	1335-		L	1591-		
St. Thomas M.	Birmingham	W. Midlands	W.Mids.	1286-		A M	1546		
Bond's Almshouse	Coventry	W. Midlands	W.Mids.	1507	1506-7	A M	1561+	2	10
Ford's Hospital	Coventry	W. Midlands	W.Mids.	1509		A X	1561+		12
Guild Merchant's Hospital	Coventry	W. Midlands	W.Mids.	1341	1340-1	T X			13
St. John B.	Coventry	W. Midlands	W.Mids.	1175	1161-75	STO X	1545		
St. Mary M.	Coventry	W. Midlands	W.Mids.	1181-		L X	1474-		
Walsh's Almshouse	Coventry	W. Midlands	W.Mids.	1370		A			
M.B.V.	Wolverhampton	W. Midlands	W.Mids.	1395	1392-5	A X	1529+		6
H. Trinity	Arundel	W. Sussex	S.E.Eng.	1395		A M	1546	1	20
St. James	Arundel	W. Sussex	S.E.Eng.	1151-		L F	1383		
Boxgrove Priory Almshouse	Boxgrove	W. Sussex	S.E.Eng.	1150	12th c.	A X	1536+		6
St. Mary M.	Bramber	W. Sussex	S.E.Eng.	1216-		L M	1535+		
Rumboldswick	Chichester	W. Sussex	S.E.Eng.	1225	E. 13th c.	L	1374+		
St. James & St. Mary M.	Chichester	W. Sussex	S.E.Eng.	1118-		L M	1701	2	8
M.B.V.	Chichester	W. Sussex	S.E.Eng.	1158		ST X	2000+	2	13
St. Mary M.	Chichester	W. Sussex	S.E.Eng.	1150	12th c.	L	1418+		
Stockbridge	Chichester	W. Sussex	S.E.Eng.	1225	E. 13th c.	L			
St. John B.	Harting	W. Sussex	S.E.Eng.	1162	1154-62	L	1248 c.		
St. Bartholomew	Pynham	W. Sussex	S.E.Eng.	1150-		T	1525		
St. James	Shoreham	W. Sussex	S.E.Eng.	1249-		L	1574-		
St. Catherine	Shoreham	W. Sussex	S.E.Eng.	1366-		A	1561+		
M.B.V. & St. Anthony	Sompting	W. Sussex	S.E.Eng.	1272		A X	1351 c.		
St. Mary	West Tarring	W. Sussex	S.E.Eng.	1277-					
St. Mary M.	Westbourne	W. Sussex	S.E.Eng.	1251		L			
M.B.V. & St. Edmund A. & C.	Windham	W. Sussex	S.E.Eng.	1262		A	1520		
	Aberford	W. Yorks.	N.E.Eng.	1454-					
Leper Hospital	Otley	W. Yorks.	N.E.Eng.	1140	1119-40	L	1311+		
H. Trinity & M.B.V.	Pontefract	W. Yorks.	N.E.Eng.	1385		A X	1561+		13
St. John	Pontefract	W. Yorks.	N.E.Eng.	1361-					
M.B.V.	Pontefract	W. Yorks.	N.E.Eng.	1335	1334-5	A X	1547+	1	8
St. Mary M.	Pontefract	W. Yorks.	N.E.Eng.	1286		L	1561+		
St. Michael A.	Pontefract	W. Yorks.	N.E.Eng.	1220-		L	1235+		
St. Nicholas	Pontefract	W. Yorks.	N.E.Eng.	1075	11th c.	P	1552		
St. Mary	Wentbridge	W. Yorks.	N.E.Eng.	1348-		L	1385+		
	Anstey	Wilts.	S.W.Eng.	1220		T	1540		
St. John B.	Bedwin	Wilts.	S.W.Eng.	1264-		P X	1360+		
St. Catherine	Bradford	Wilts.	S.W.Eng.			A X	1587+		12
St. Margaret	Bradford	Wilts.	S.W.Eng.	1235-		L X	1539+		
St. John B. & St. Anthony	Calne	Wilts.	S.W.Eng.	1202-		A M	1487-		
	Chapel Plaster	Wilts.	S.W.Eng.	1375	L. 14th c.	T			
St. Laurence	Chippenham	Wilts.	S.W.Eng.	1338-		P			
St. John B.	Cricklade	Wilts.	S.W.Eng.	1231-		T X	1548		
New Almshouse	Devizes	Wilts.	S.W.Eng.	1491-		A	1561+		
St. James & St. Denys	Devizes	Wilts.	S.W.Eng.	1207		L	1338+		
St. John B.	Devizes	Wilts.	S.W.Eng.	1314-		S	1546 c.		

Name	Place	County	Region	Founded	Type	Sex	Closed	Sf.	In.
H.Trinity	Easton Royal	Wilts.	S.W.Eng.	1246	T		1536	3	
Almshouse	Heytesbury	Wilts.	S.W.Eng.	1408	A	M	1472	1	12
St. John	Heytesbury	Wilts.	S.W.Eng.	1472	A	M	1557 +	2	12
M.B.V.	Maiden Bradley	Wilts.	S.W.Eng.	1164 -	L	F	1536		
St. Anthony	Malmesbury	Wilts.	S.W.Eng.	1245 -					
St. John B.	Malmesbury	Wilts.	S.W.Eng.	1150 <i>12th c.</i>	P		1558 +		
St. Mary M.	Malmesbury	Wilts.	S.W.Eng.	1222 -	L		1439 +		
St. John B.	Marlborough	Wilts.	S.W.Eng.	1215 -	P	X	1548 +		
St. Thomas M.	Marlborough	Wilts.	S.W.Eng.	1231 -	L	M	1402 +		
	Marten	Wilts.	S.W.Eng.	1269 -	T		1402 <i>c.</i>		
H.Trinity & St. Thomas M.	Salisbury	Wilts.	S.W.Eng.	1379 <i>c.</i>	S	F	1561 +		30
Hospicium	Salisbury	Wilts.	S.W.Eng.	1244 <i>1231-44</i>	T			2	
Leper Hospital	Salisbury	Wilts.	S.W.Eng.	1195 -	L		1267 -		
St. John B. & St. Anthony	Salisbury	Wilts.	S.W.Eng.	1231 -	P		1548 +		
St. Nicholas	Salisbury	Wilts.	S.W.Eng.	1227 <i>1214-27</i>	ST	X	1630 +	1	12
Terumber's Almshouse	Trowbridge	Wilts.	S.W.Eng.	1483 <i>1479-83</i>	A	X	1650 <i>17th c.</i>	1	6
St. Giles	Wilton	Wilts.	S.W.Eng.	1135 <i>c.</i>	L		1561 +		
St. John B.	Wilton	Wilts.	S.W.Eng.	1190	S	X	1561 +		
St. Mary M.	Wilton	Wilts.	S.W.Eng.	1271 -	A	X	1561 +		13
St. John B.	Wootton Bassett	Wilts.	S.W.Eng.	1266	P	M	1406		13
St. Ouen	Wraxall	Wilts.	S.W.Eng.	1267 -	T				
Eton College Almshouse	Eton	Winds. & M.	C.Eng.	1440	A	M	1468 <i>1467-8</i>		25
Almshouse	Windsor	Winds. & M.	C.Eng.	1503	A		1862 +		
St. George	Windsor	Winds. & M.	C.Eng.	1348	A	M	1561 +		24
St. John	Windsor	Winds. & M.	C.Eng.	1251 -	L	F	1316 +		
St. Margaret	Windsor	Winds. & M.	C.Eng.	1361 -					
St. Peter	Windsor	Winds. & M.	C.Eng.	1168	L	X	1462		
Windsor Castle Almshouse	Windsor	Winds. & M.	C.Eng.	1483 +	A	M		2	13
M.B.V.	Droitwich	Worcs.	W.Mids.	1285	A	M	1536 <i>1535-6</i>		
Hospital by the Bridge	Evesham	Worcs.	W.Mids.	1206 -					
Zatton's Bedehouse	Evesham	Worcs.	W.Mids.	1418 <i>1379-1418</i>	A				
M.B.V. & St. Michael	Great Malvern	Worcs.	W.Mids.	1150 <i>12th c.</i>	A	X	1540 <i>c.</i>		30
St. Giles	Worcester	Worcs.	W.Mids.	1150 <i>12th c.</i>	S		1338 -		
St. Mary	Worcester	Worcs.	W.Mids.	1257 -	L	M			
St. Wulstan	Worcester	Worcs.	W.Mids.	1085 <i>c.</i>	ST	M	1540	2	4
Trinity Hall	Worcester	Worcs.	W.Mids.	1425 <i>E. 15th c.</i>	A	X	1561 +		24
Yspytty	Wrexham	Wrexham	N.Wales		L				

Abbreviations Used

Sf. - Staff In. - Inmates

Name

All SS - All Saints
E. - Evangelist (e.g. St. John the Evangelist)
H. - Holy (e.g. Holy Trinity)
M.B.V. - St. Mary the Blessed Virgin
St. Edmund A. & C. - St. Edmund the Archbishop and Confessor
St. Edmund K. & M. - St. Edmund the King and Martyr
St. John B. - St. John the Baptist
St. Mary M. - St. Mary Magdalen
St. Michael A. - St. Michael the Archangel
St. Thomas M. - St. Thomas the Martyr

Type

A - Almshouse C - Clergy J - Jewish Converts
L - Lepers P - Poor O - Old
S - Sick T - Travellers

Sex

M - Males F - Females X - Mixed

Staff & Inmates

() - Indicates the number of staff or inmates when the hospital was refounded

APPENDIX B

Charts and graphs of hospitals in England, Scotland and Wales, 1066-1560

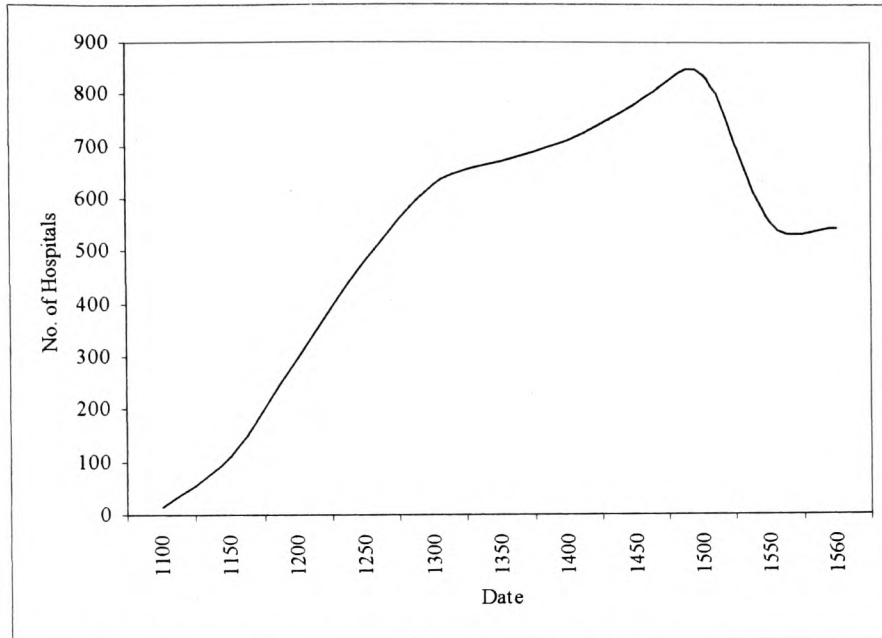


Fig. 18. Number of hospitals in England, Scotland and Wales from 1066 to 1560

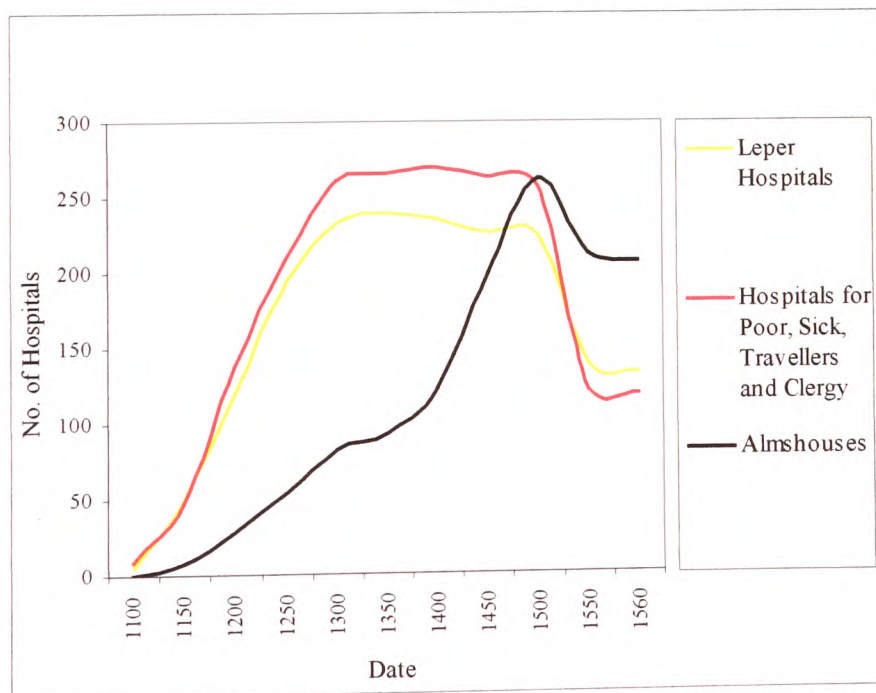


Fig. 19. Number of hospitals according to function in England, Scotland and Wales from 1066 to 1560

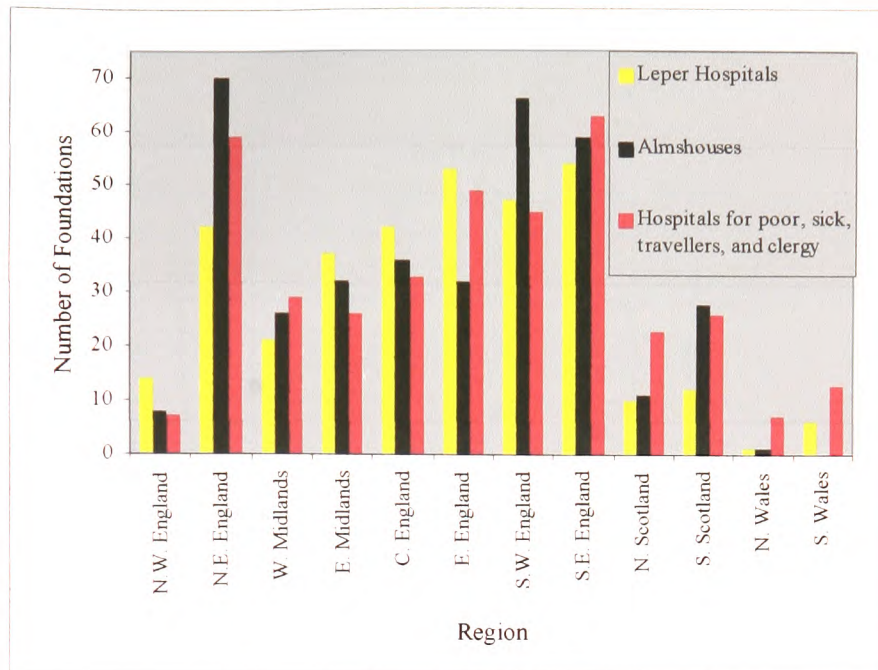


Fig. 20. Number of hospitals founded by region in England, Scotland and Wales from 1066 to 1560

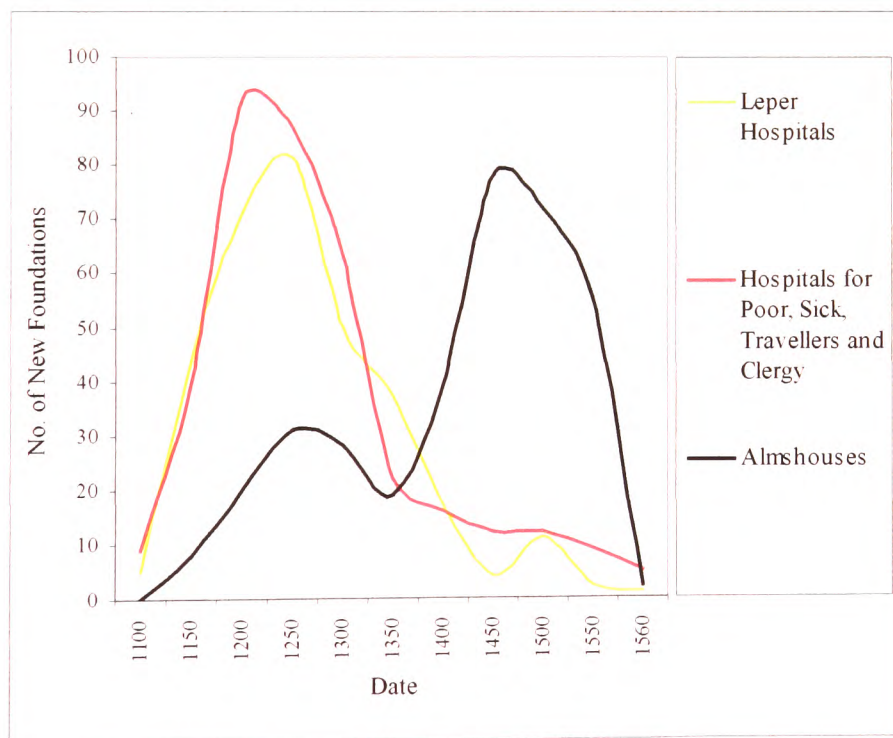


Fig. 21. Number of hospital foundations in England, Scotland and Wales from 1066 to 1560

APPENDIX C

Tables of founders of hospitals in England, Scotland and Wales, 1066-1560

By Date										
Century	Royal	Episcopal	Eccl.	Monastic	Ducal	Noble	Mayoral	Merc.	Civil	Other
11th	2	5	0	0	2	2	0	0	0	0
12th	22	25	7	22	23	36	2	1	8	35
13th	9	20	7	6	15	40	4	1	7	27
14th	2	5	3	0	7	10	8	6	3	18
15th	4	4	7	5	6	23	20	19	6	25
16th	4	2	3	1	1	6	12	4	2	7
Total	43	61	27	34	54	117	46	31	26	112

Table 10. Number of hospitals in England, Scotland and Wales founded according to the class of the founders from 1066 to 1560

By Region										
Region	Royal	Episcopal	Eccles.	Monastic	Ducal	Noble	Mayoral	Merc.	Civil	Other
N. Scotland	1	4	0	0	4	6	2	1	2	3
S. Scotland	2	2	3	1	2	11	1	1	1	4
N.W. England	2	0	0	3	1	4	0	0	1	4
N.E. England	4	9	4	2	4	22	8	7	2	26
W. Midlands	2	7	3	1	8	5	5	3	1	6
E. Midlands	2	2	0	0	5	18	4	1	0	5
C. England	7	3	2	7	5	12	1	2	3	12
E. England	5	6	4	11	13	10	3	2	3	22
S.W. England	4	8	7	3	2	19	11	7	6	12
S.E. England	13	15	4	6	8	8	11	7	7	17
N. Wales	1	0	0	0	0	0	0	0	0	1
S. Wales	0	5	0	0	2	2	0	0	0	0
Total	43	61	27	34	54	117	46	31	26	112

Table 11. Number of hospitals in England, Scotland and Wales founded according to the class of the founders from 1066 to 1560

By Type										
Century	Royal	Episcopal	Eccl.	Monastic	Ducal	Noble	Mayoral	Merc.	Civil	Other
Poor	4	10	4	2	6	20	0	0	4	16
Sick	7	18	6	5	10	19	3	2	4	11
Travellers	3	8	2	6	8	6	1	0	0	15
Lepers	19	14	1	14	12	27	1	1	12	18
Almshouses	9	11	13	7	15	41	40	28	6	50
NK	1	0	1	0	3	4	1	0	0	2
Total	43	61	27	34	54	117	46	31	26	112

Table 12. Number of hospitals in England, Scotland and Wales founded according to the class of the founders from 1066 to 1560

APPENDIX D

Table of hospital dedications in England, Scotland and Wales, 1066-1560

Dedication	Total	Type			Foundation Date										England							Scotland		Wales																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		PST	L	A	NK	1066-1100		1101-1200		1201-1270		1271-1330		1331-1380		1381-1450		Date 1451-1560 NK	NW	NE	WM	EM	C	E	SW	SE	N	S																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				

Dedication	Total	Type				Foundation Date							England							Scotland		Wales			
		PST	L	A	NK	1066-1100	1101-1200	1201-1270	1271-1330	1331-1380	1381-1450	1451-1560	Date NK	NW	NE	WM	EM	C	E	SW	SE	N	S	N	S
St Ninian	3	0	2	1	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	3	0	0
Annunciation of St Mary the Blessed Virgin	2	1	0	1	0	0	0	0	0	1	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0
St Benedict	2	0	2	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	1	0	0	0	0	0
St David	2	2	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
St Edward	2	2	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
St Gabriel	2	2	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
St Julian	2	1	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
St Leger	2	1	1	0	0	0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
St Luke the Evangelist	2	0	1	0	1	0	0	0	0	1	0	1	0	1	0	0	1	0	1	0	0	0	0	0	0
St Theobald	2	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
St Ursula	2	0	0	2	0	0	0	0	0	0	0	2	0	0	0	1	1	0	0	0	0	0	0	0	0
All Christian Souls	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Assumption of St Mary the Blessed Virgin	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Corpus Christi	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Holy Innocents	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
St Alexius	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
St Bernard	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
St Chad	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
St Congan	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
St Cornelius	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
St Denys	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
St Edmund	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
St Edward the Confessor	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
St Erasmus	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
St Ethelbert	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
St German	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
St Gregory	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
St Guthlac	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
St Louis	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Machutus	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
St Magnus the Martyr	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
St Mark	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
St Martha	1	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
St Martin	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
St Martin the Bishop	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
St Owen	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
St Petronilla	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
St Roche	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
St Serf	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
St Wulstan	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0

APPENDIX E
Distribution Maps of Medieval Hospitals Foundations

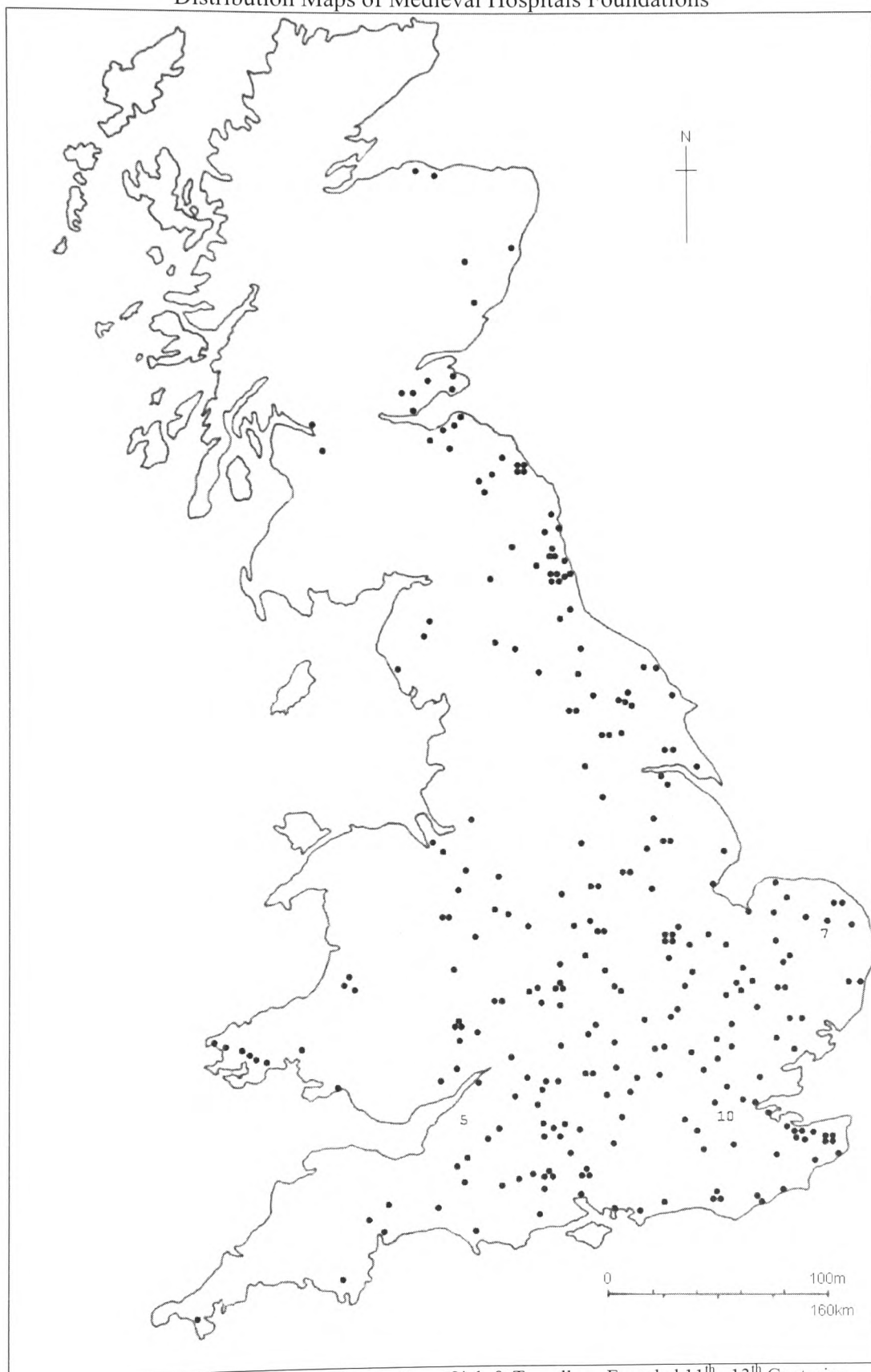


Fig. 22a. Distribution of Hospitals for the Poor, Sick & Travellers, Founded 11th - 13th Centuries

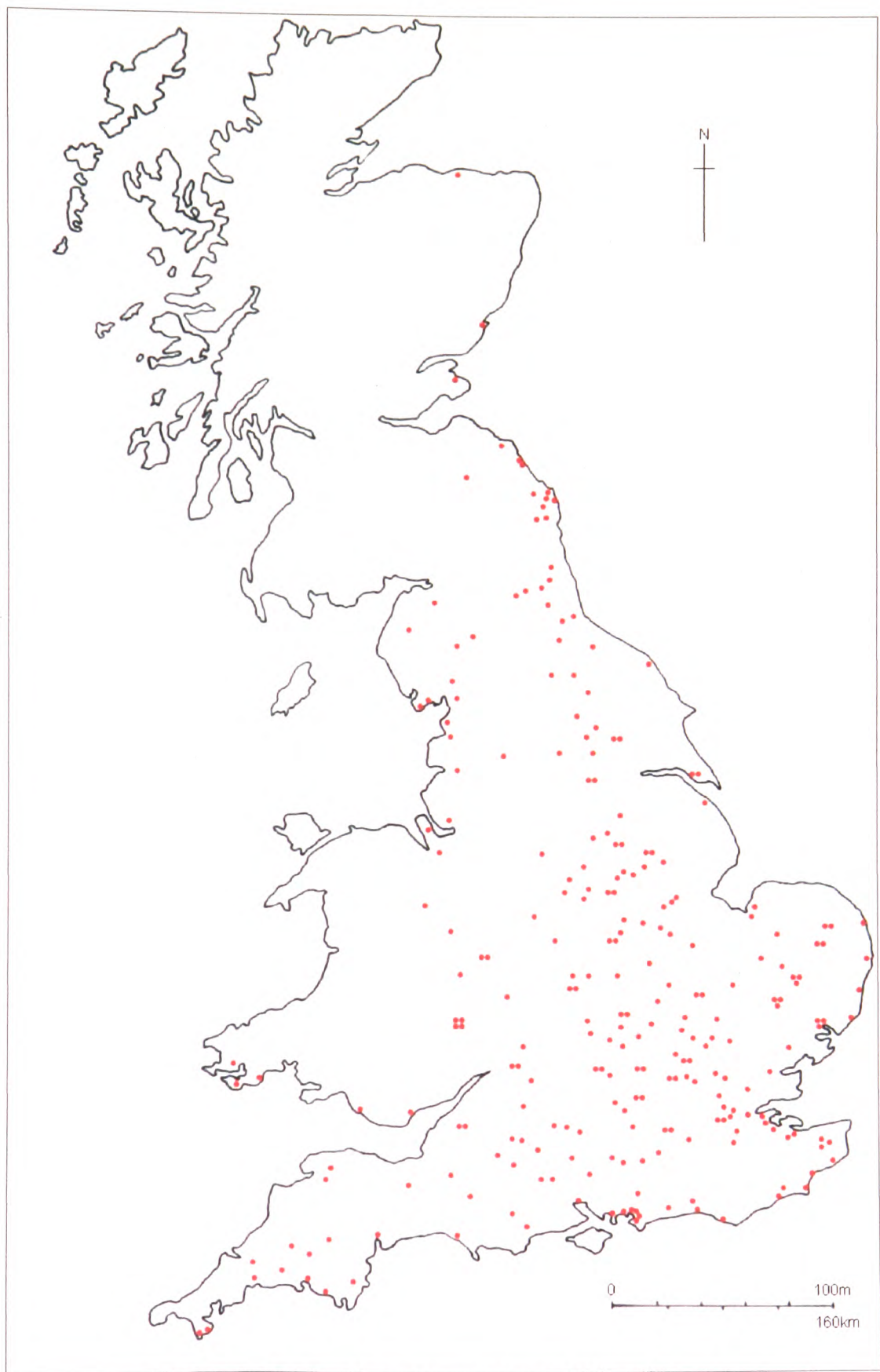


Fig. 22b. Distribution of Leper Hospitals, Founded 11th - 13th Centuries

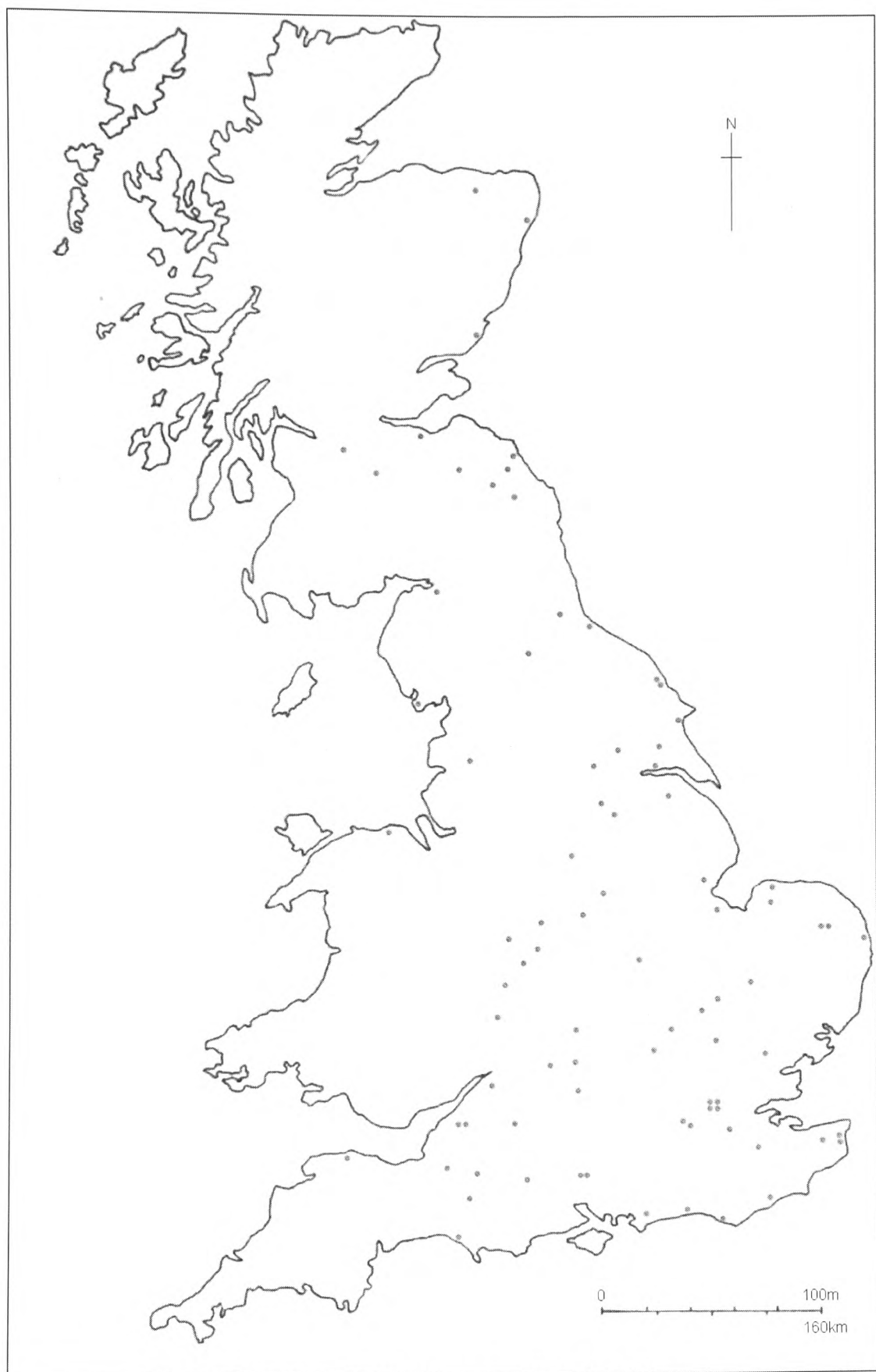


Fig. 22c. Distribution of Almshouses, Founded 11th - 13th Centuries

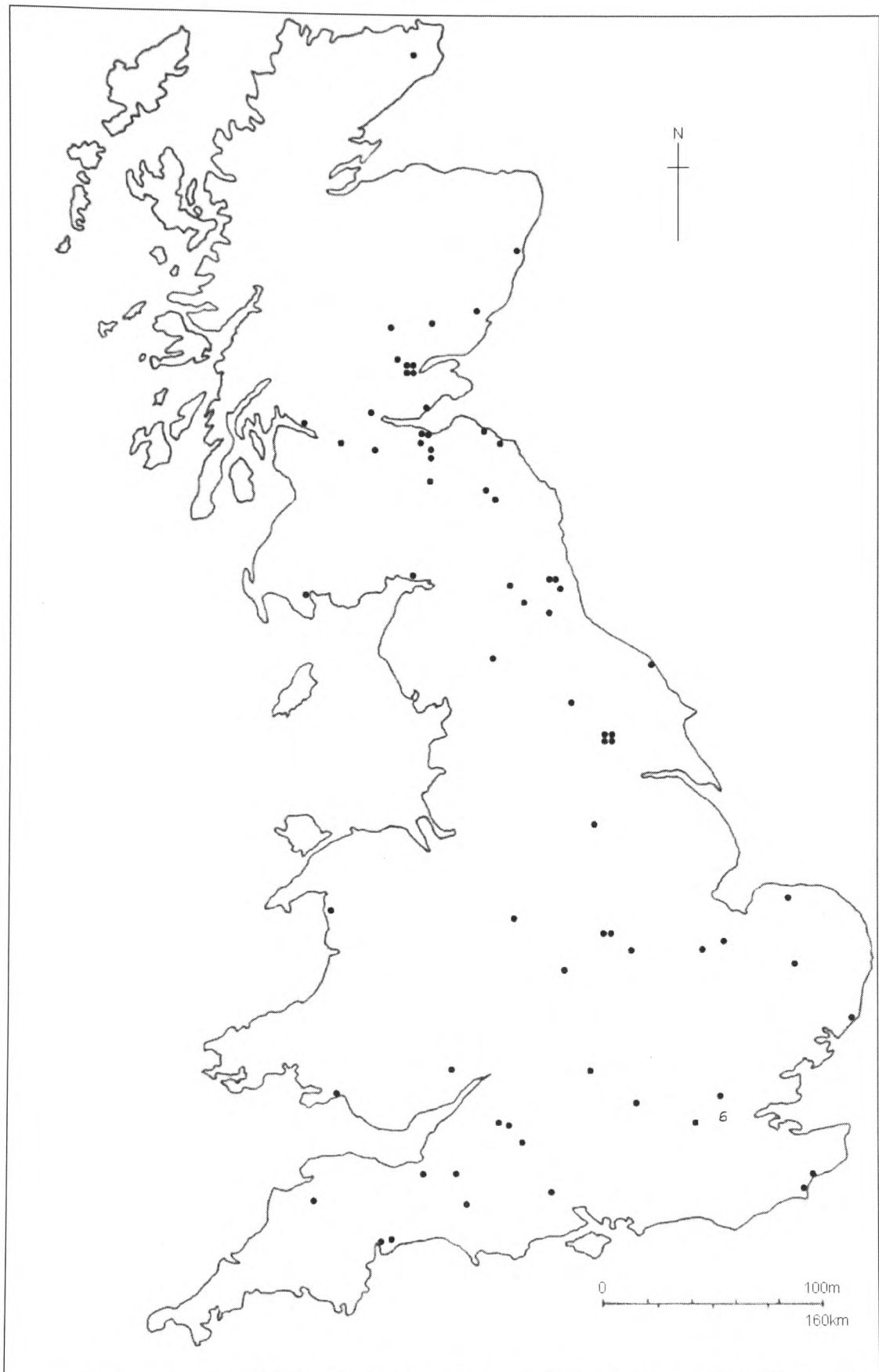


Fig. 23a. Distribution of Hospitals for the Poor, Sick & Travellers, Founded 14th - 16th Centuries



Fig. 23b. Distribution of Leper Hospitals, Founded 14th - 16th Centuries

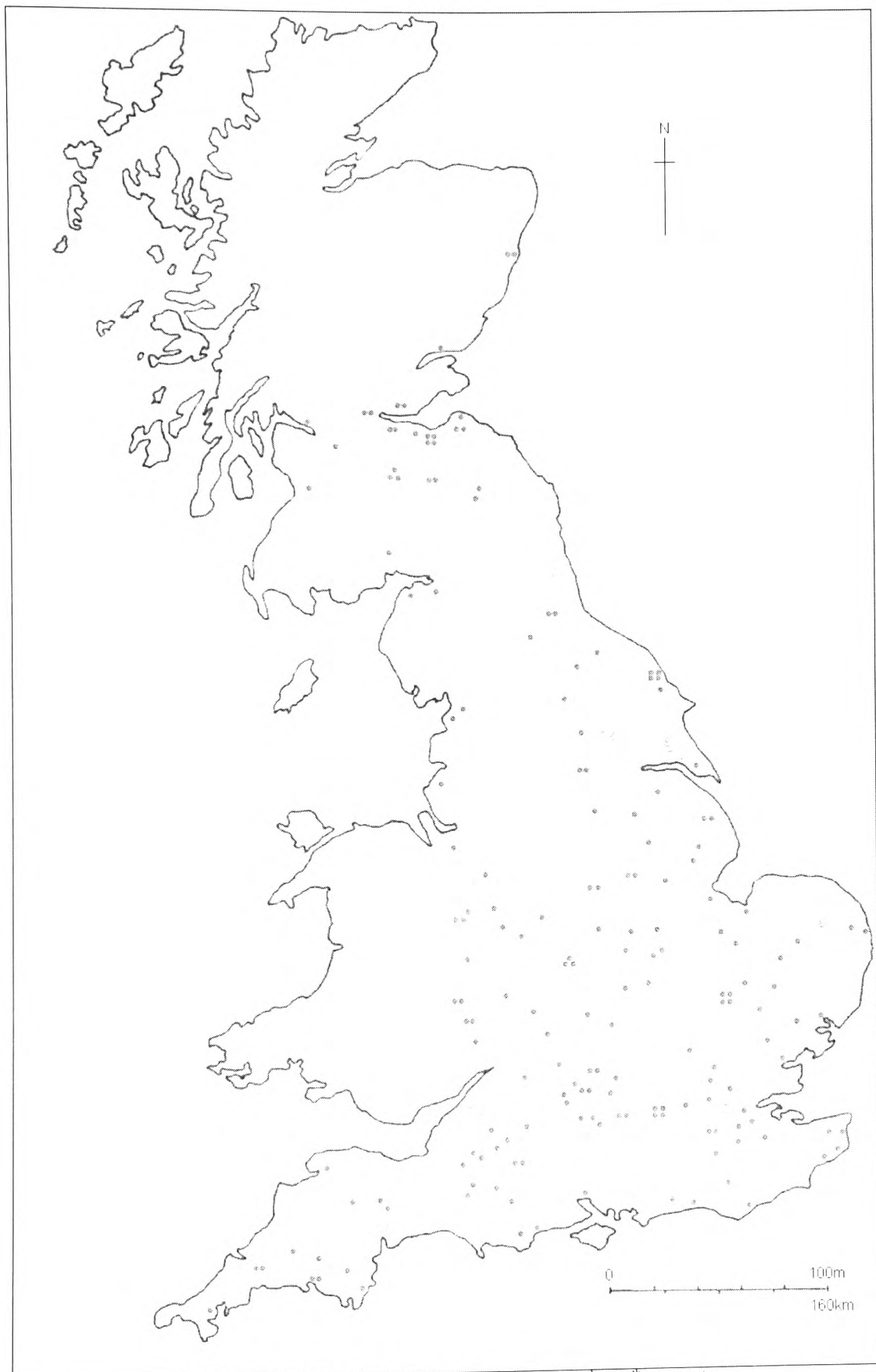


Fig. 23c. Distribution of Almshouses, Founded 14th - 16th Centuries

BIBLIOGRAPHY

1. Primary Printed Sources

- BANNISTER, A.T. (ed.). 1917. *Register of Thomas Spofford*. Hereford: Cantilupe Society.
- BOYLE, J.R. (trans.). 1905. *Charters and Letters Patent granted to Kingston upon Hull*. Hull: Hull Corporation.
- HARPER-BILL, C. (ed.). 1994. *Charters of the Medieval Hospitals of Bury St Edmunds*. Woodbridge: Boydell & Brewer.
- HOSKIN, P.M. (ed.). 1997. *English Episcopal Acta 13: Worcester 1218-1268*. Oxford: Oxford University Press.
- HOZESKI, B.W. (trans.). 2001. *Hildegard's Healing Plants*. Boston: Beacon Press.
- JACOB, E.F. (ed. & trans.). 1937. *The Register of Henry Chichele, Archbishop of Canterbury 1414-1443, Volume II*. Canterbury and York Society **42**, 519-26.
- KAYE, J.M. (ed.). 1976. *The Cartulary of God's House, Southampton*. Southampton Records Series Volumes **19 & 20**.
- KEMP, B.R. (ed.). 1974. Deeds of St. John's Hospital, Bath. In: B.R. KEMP & D.M.M. SHORROCKS (eds.). *Medieval Deeds of Bath and District*. Somerset Records Society **73**, 1-83.
- KERLING, N.J.M. (ed.). 1973. *Cartulary of St. Bartholomew's Hospital*. London: Lund Humphries Publishers.
- NICHOLAS, N.H. (ed.). 1826. *Testamenta Vetusta*. London: Nichols & Sons.
- PARRY, J.H. (ed.). 1918. *Register of Bishop John Stanbury of Hereford*. Hereford: Cantilupe Society.
- REES, W. (ed.). 1975. *Calendar of Ancient Petitions Relating to Wales*. Cardiff: Cardiff University Press.
- RIDEN, P. (ed.). 1985. *Glamorgan Wills Proved in the Prerogative Court of Canterbury 1392-1571: An Interim Calendar*. Cardiff: Cardiff University Press.
- ROSS, C.D. (ed.). 1959. *Cartulary of St. Mark's Hospital Bristol*. Bristol Record Society's Publications **21**.
- SINGER, C. (trans.). 1999. *Galen on Anatomical Procedures*. Oxford: Oxford University Press.
- VIRGOE, R. (ed.). 1993. The Will of Hugh atte Fenne, 1476. In: P. RUTLEDGE, R. VIRGOE, R. HOULBROOKE, J. KEY & R. WILSON (eds.). *A Miscellany*. London: Norfolk Record Society **56**, 31-57.

2a. Secondary Printed Sources – Books

- BARTLETT, W.B. 2003. *The Taming of the Dragon: Edward I and the Conquest of Wales*. Stroud: Sutton Publishing.
- BASSETT, S. (ed.). 1995. *Death in Towns: Urban Responses to the Dead and Dying, 100-1600*. Leicester: Leicester University Press.
- BENNETT, N. & MARCOMBE, D. 1998. *Thomas de Aston and the Diocese of Lincoln*. Lincoln: Lincoln Cathedral Publications.
- BERESFORD, M.W. & ST. JOSEPH, J.K.S. 1979. *Medieval England. An Aerial Survey*. 2nd edn. Cambridge: Cambridge University Press.

- BOND, C.J. 1993. Water management in the urban monastery. In: R. GILCHRIST & H. MYTUM (eds.). *Advances in Monastic Archaeology*. British Archaeological Reports British Series 227, 43-78.
- BRAUN, H. 1971. *English Abbeys*. London: Faber & Faber.
- CANTOR, L. (ed.). 1982. *The English Medieval Landscape*. London: Croom Helm.
- CLAY, R.M. 1909. *The Mediaeval Hospitals of England*. London: Methuen & Co.
- COURTNEY, P. 1994. *Report on the Excavations at Usk 1965-1976: Medieval and Later Usk*. Cardiff: University of Wales Press.
- COWAN, I.B. & EASSON, D.E. 1976. *Medieval Religious Houses, Scotland*. 2nd edn. London: Longman.
- CRUST, L. 2002. *Lincolnshire Almshouses: Nine Centuries of Charitable Housing*. Sleaford: Heritage Lincolnshire.
- CULLUM, P.H. 1991. *Cremetts and Corrodies: Care of the Poor and Sick at St. Leonard's Hospital, York, in the Middle Ages*. University of York, Borthwick Paper 79.
- CULLUM, P.H. 1993. St. Leonard's Hospital, York: the spatial and social analysis of an Augustinian hospital. In: R. GILCHRIST & H. MYTUM (eds.). *Advances in Monastic Archaeology*. British Archaeological Reports British Series 227, 11-18.
- DE RENZI, S. 2004a. The sick and their healers. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 27-57.
- DE RENZI, S. 2004b. Policies of health: diseases, poverty and hospitals. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 136-165.
- DE RENZI, S. 2004c. Women and medicine. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 196-227.
- DUNN, A. 2004. *The Peasant's Revolt: England's Failed Revolution of 1381*. Stroud: Tempus Publishing.
- ELMER, P. 2004. *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press.
- EVANS, J.W. & TURNER, R. 2005. *St. Davids Bishop's Palace, including St. Non's Chapel*. 3rd edn. Cardiff: CADW.
- FARMER, D.H. 2004. *The Oxford Dictionary of Saints*. 5th edn. Oxford: Oxford University Press.
- FINCHAM, H.W. 1933. *The Order of the Hospital of St. John of Jerusalem and its Grand Priory of England*. 2nd edn. London: The Order of the Hospital of St. John.
- FINUCANE, R.C. 1995. *Miracles and Pilgrims: Popular beliefs in medieval England*. 2nd edn. Basingstoke: MacMillan.
- FISHER, H.A.L. 1971. *A History of Europe. Volume I: From the Earliest Times to 1713*. London: Collins.
- FROHNSDORFF, M. 1997. *The Maison Dieu and Medieval Faversham*. Faversham: Faversham Society.
- GETZ, F.M. (ed.). 1991. *Healing & Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus*. Wisconsin: University of Wisconsin Press.

- GILCHRIST, R. 1992. Christian Bodies and Souls: the archaeology of life and death in later medieval hospitals. In: S. BASSETT (ed.). *Death in Towns: Urban Responses to the Dead and Dying, 100-1600*. Leicester: Leicester University Press, 101-118.
- GILCHRIST, R. 1995. *Contemplation and Action. The Other Monasticism*. Leicester: Leicester University Press.
- GILCHRIST, R. & MYTUM, H. (eds.). 1993. *Advances in Monastic Archaeology*. British Archaeological Reports British Series 227.
- GODFREY, W.H. 1955. *The English Almshouse*. London: Faber & Faber.
- GOTTFRIED, R.S. 1978. *Epidemic Disease in Fifteenth Century England: The Medical Response and the Demographic Consequences*. Leicester: Leicester University Press.
- GREENWAY, D. (trans.). 2002. *Henry of Huntingdon: The History of the English People 1000-1154*. Oxford: Oxford University Press.
- GRELL, O.P. 2004a. Medicine and religion in sixteenth-century Europe. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 84-107.
- GRELL, O.P. 2004b. War, medicine and the military revolution. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 257-282.
- HALLETT, A. 2004. *Almshouses*. Princes Risborough: Shire Publications.
- HARRISS, G.L. 1996. *King, Parliament, and Public Finance in Medieval England to 1369*. Oxford: Clarendon Press.
- HARTOPP, H. 1935. *Roll of the Mayors of the Borough and Lord Mayors of the City of Leicester, 1209-1935*. Leicester: Backus.
- HARVEY, B. 1993. *Living and Dying in England, 1100-1540: The Monastic Experience*. Oxford: Clarendon Press.
- HIGHAM, N.J. 2004. *A Frontier Landscape: The North West in the Middle Ages*. Macclesfield: Windgather Press.
- HILL, D.I. 1969. *The Ancient Hospitals and Almshouses of Canterbury*. Canterbury: Canterbury Archaeological Society.
- HILLABY, J. 2003. *St. Katherine's Hospital, Ledbury, c.1230-1547*. Almeley: Ledbury & District Society Trust Ltd/Logaston Press.
- HILLING, J.B. 2000. *Cilgerran Castle – St. Dogmael's Abbey, including Pentre Ifan and Carreg Coetan Arthur Burial Chambers*. 2nd edn. Cardiff: CADW.
- HINDE, T. (ed.). 1985. *The Domesday Book: England's Heritage, Then and Now*. London: Guild Publishing.
- HINDLE, B.P. 1982. Roads and Tracks. In: L. CANTOR (ed.). *The English Medieval Landscape*. London: Croom Helm.
- HOPPER, S. 2002. *To be a Pilgrim: The Medieval Pilgrimage Experience*. Stroud: Sutton Publishing.
- HORROX, R. (ed.). 1994. *The Black Death*. Manchester: Manchester University Press.
- HUBBARD, E. 1986. *The Buildings of Wales: Clwyd (Denbighshire & Flintshire)*. Cardiff: University of Wales Press.
- HUNT, T. 1999. *The Medieval Surgery*. Woodbridge: Boydell Press.
- JAMES, H.A. 1997. *Chronicles of the Maison Dieu Ospringe*. Faversham: Faversham Society.

- JAMISON, C. 1952. *The History of the Royal Hospital of St. Katharine by the Tower of London*. London: Oxford University Press.
- JENNER, M. 2004. Environment, health and population. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 284-314.
- KNOWLES, D. 1950. *The Monastic Order in England*. Cambridge: Cambridge University Press.
- KNOWLES, D. & HADCOCK, R.N. 1994. *Medieval Religious Houses – England and Wales*. 2nd edn. Harlow: Longman.
- KUSUKAWA, S. 2004a. Medicine in western Europe in 1500. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 1-26.
- KUSUKAWA, S. 2004b. The medical renaissance of the sixteenth century: Vesalius, medical humanism and bloodletting. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 58-83.
- LABARGE, M.W. 2001. *Women in Medieval Life*. London: Penguin.
- LABARGE, M.W. 2005. *Medieval Travellers: The Rich and Restless*. London: Phoenix.
- LAWRENCE, C.H. 2001. *Medieval Monasticism*. 3rd edn. London: Longman.
- LEWIS, K.J. 2000. *The Cult of St. Katherine of Alexandria in Late Medieval England*. Woodbridge: Boydell Press.
- MacKINTOSH, H.B. 1914. *Elgin Past and Present*. Elgin: NK.
- MANCO, J. 1998. *The Spirit of Care. The eight-hundred year story of St John's Hospital, Bath*. Bath: St John's Hospital.
- MARCOMBE, D. 2004. *Leper Knights: The Order of St. Lazarus of Jerusalem in England, c.1150-1544*. Woodbridge: Boydell Press.
- MAYO, C.H. 1933. *A Historic Guide to the Almshouse of St. John Baptist and St. John the Evangelist Sherborne*. Oxford: Oxford University Press.
- McINNES, E.M. 1963. *St. Thomas' Hospital*. London: George Allen & Unwin.
- MEADE, D.M. 1995. *Kepier Hospital*. Durham: Turnstone Ventures.
- MEDVEI, V.C. & THORNTON, J.L. (eds.). 1974. *The Royal Hospital of Saint Bartholomew 1123-1973*. London: St. Bartholomew's Hospital.
- MILLER, E. & HATCHER, J. 1978. *Medieval England – Rural Society and Economic Change 1086-1348*. London: Longman.
- MILLER, T.S. 1997. *The Birth of the Hospital in the Byzantine Empire*. Baltimore: Johns Hopkins University Press.
- MOFFAT, B. (ed.). 1986-1998. *Report on Researches into the Medieval Hospital at Soutra, Lothian Region, Scotland*. (6 volumes). Edinburgh: Soutra Hospital Archaeoethnopharmacological Research Project.
- MORRIS, C. & ROBERTS, P. (eds.). 2002. *Pilgrimage: The English Experience from Becket to Bunyan*. Cambridge: Cambridge University Press.
- ORME, N. 1996. *English Church Dedications*. Exeter: University of Exeter Press.
- ORME, N. & WEBSTER, M. 1995. *The English Hospital 1070-1570*. London: Yale U.P.
- PARKIN, D. 2000. *The History of the Hospital of Saint John the Evangelist and of Saint Anne in Okeham*. Oakham: Rutland Local History and Record Society.
- PORTER, R. 2004. *Blood and Guts. A Short History of Medicine*. London: W.W. Norton & Company.
- PRESCOTT, E. 1992. *The English Medieval Hospital 1050-1640*. London: Seaby.

- PRESTON, A.E. 1930. *Christ's Hospital Abingdon*. Oxford: Oxford University Press.
- PRESTWICH, M. 1994. *The Three Edwards: War and State in England 1272-1377*. London: Routledge.
- PRICE, R. & PONSFORD, M. 1998. *St. Bartholomew's Hospital, Bristol: The Excavation of a Medieval Hospital: 1976-8*. CBA Research Report 110.
- RAWCLIFFE, C. 1995. *The Hospitals of Medieval Norwich*. Norwich: Centre of East Anglian Studies, University of East Anglia.
- RAWCLIFFE, C. 1997. *Medicine and Society in the Later Middle Ages*. Stroud: Sutton Publishing.
- RAWCLIFFE, C. 1998. *Sources for the History of Medicine in Late Medieval England*. Michigan: Medieval Institute Publications.
- RAWCLIFFE, C. 1999. *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital*. Stroud: Sutton Publishing.
- RAWCLIFFE, C. 2002. Curing bodies and healing souls: pilgrimage and the sick in medieval East Anglia. In: C. MORRIS & P. ROBERTS (eds.). *Pilgrimage: The English Experience from Becket to Bunyan*. Cambridge: Cambridge University Press, 108-140.
- RAWCLIFFE, C. 2006. *Leprosy in medieval England*. Woodbridge: Boydell & Brewer.
- RAY, N. 1994. *Cambridge Architecture: A Concise Guide*. Cambridge: Cambridge University Press.
- REES, W. 1947. *A History of the Order of St. John of Jerusalem in Wales and on the Welsh Border*. Cardiff: Western Mail and Echo.
- REES, W. 1969. *Cardiff: A History of the City*. 2nd edn. Cardiff: Corporation of the City of Cardiff.
- RICHARDS, J.D., HEIGHWAY, C. & DONAGHEY, S. 1989. *Union Terrace: Excavations in the Horsefair*. London: CBA.
- RICHARDS, P. 2000. *The Medieval Leper and his Northern Heirs*. Cambridge: D.S. Brewer.
- RICHARDSON, J. 2001. *The Annals of London*. London: Cassell & Co.
- ROBERTS, M. 2003. *Durham: 1000 years of history*. Stroud: Tempus.
- ROBINSON, D. (ed.). 1998. *The Cistercian Abbeys of Britain. Far from the Concourse of Men*. London: Batsford.
- ROBINSON, D.M. 2002. *Tintern Abbey*. 4th edn. Cardiff: CADW.
- ROGERS, C.J. 2000. *War, Cruel and Sharp: English Strategy under Edward III, 1327-1360*. Woodbridge: Boydell Press.
- ROYAL COMMISSION ON THE ANCIENT AND HISTORICAL MONUMENTS AND CONSTRUCTIONS IN WALES AND MONMOUTHSHIRE. 1921. *An Inventory of the Ancient Monuments of Wales and Monmouthshire VI – County of Merioneth*. London: H.M.S.O.
- ROYAL COMMISSION ON THE ANCIENT AND HISTORICAL MONUMENTS AND CONSTRUCTIONS IN WALES AND MONMOUTHSHIRE. 1925. *An Inventory of the Ancient Monuments of Wales and Monmouthshire VII – County of Pembroke*. London: H.M.S.O.
- ROYAL COMMISSION ON HISTORICAL MONUMENTS (ENGLAND). 1980. *Ancient and Historical Monuments in the City of Salisbury: Volume I*. London: H.M.S.O.
- RUBIN, M. 2002. *Charity and Community in Medieval Cambridge*. Cambridge: Cambridge University Press.

- RUBIN, S. 1974. *Medieval English Medicine*. Newton Abbot: David & Charles.
- SCHOFIELD, J. 1994. *Medieval Towns*. London: Leicester University Press.
- SCHOFIELD, J. 2003. *Medieval London Houses*. London: Yale University Press.
- SIRAISSI, N.G. 1990. *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice*. Chicago: University of Chicago Press.
- SLOANE, B. & MALCOLM, G. 2004. *Excavations at the Priory of the Order of the Hospital of St John of Jerusalem, Clerkenwell, London*. Museum of London Archaeological Service Monograph 20.
- SOULSBY, I. 1983. *The Towns of Medieval Wales*. Chichester: Phillimore.
- STEANE, J. 1999. *The Archaeology of the Medieval English Monarchy*. London: Routledge.
- SWEETINBURGH, S. 2004. *The Role of the Hospital in Medieval England: Gift-giving and the Spiritual Economy*. Dublin: Four Courts.
- THOMAS, C. 2002. *The Archaeology of Medieval London*. Stroud: Sutton Publishing.
- THOMAS, C., SLOANE, B. & PHILLPOTTS, C. 1997. *Excavations at the Priory and Hospital of St. Mary Spital, London*. Museum of London Archaeological Service Monograph 1.
- THOMPSON, A.H. 1937. *The History of the Hospital and the New College of the Annunciation of St. Mary in the Newarke, Leicester*. Leicester: Leicestershire Archaeological Society.
- TOUATI, F.O. 1996. Les groupes des laïcs dans les hôpitaux et les léproseries au Moyen Âge. In: CENTRE EUROPÉEN DE RECHERCHES SUR LES CONGREGATIONS ET ORDRES RELIGIEUX. *Les mouvances laïques des ordres religieux*. Paris: Publications de Saint-Etienne, 137-162.
- TOUATI, F.O. 1998. *Maladie et société au Moyen Âge: La lèpre, les lépreux et les léproseries dans la province ecclésiastique de Sens jusqu'au milieu du XIV^e siècle*. Bibliothèque du Moyen Âge 11. Paris: De Boeck Université.
- TURNER, R. 2000. *Lamphey Bishop's Palace – Llawhaden Castle, including Carswell House and Carew Cross*. 2nd edn. Cardiff: CADW.
- VINCENT, N. 2002. Pilgrimages of the Angevin kings of England 1154-1272. In: C. MORRIS & P. ROBERTS (eds.). *Pilgrimage: The English Experience from Becket to Bunyan*. Cambridge: Cambridge University Press, 12-45.
- WARREN, W.T. 1969. *St. Cross Hospital, Winchester*. 11th edn. Winchester: Warren & Son.
- WEAR, A. 2004. Medicine and health in the age of European colonialism. In: P. ELMER (ed.). *The Healing Arts. Health, Disease and Society in Europe 1500-1800*. Manchester: Manchester University Press, 257-282.
- WEBB, D. 2000. *Pilgrimage in Medieval England*. London: Hambledon.
- WEBB, G. 1965. *Architecture in Britain in the Middle Ages*. 2nd edn. Hammonds Worth: Penguin.
- WILSON, S.G. 1975. *With the Pilgrims to Canterbury and the History of the Hospital of St. Thomas*. New York: AMS Press.
- ZIEGLER, P. 1973. *The Black Death*. London: History Book Club.

2b. Secondary Printed Sources – Journal Articles

- BARTLEET, S.E. 1896. The leper hospitals of St. Margaret and St. Mary Magdalen by Gloucester. *Transactions of the Bristol and Gloucestershire Archaeological Society* **20**, 127-137.
- BENNETT, P. 1990. St. John's Hospital and St. John's Nursery. *Canterbury's Archaeology* **1989/1990**, 20-22.
- BIDDLE, M. 1961. A thirteenth-century architectural sketch from the Hospital of St. John the Evangelist, Cambridge. *Proceedings of the Cambridge Antiquarian Society* **54**, 99-108.
- BISHOP, M.W. 1983. Burials from the cemetery of the Hospital of St. Leonard, Newark, Nottinghamshire. *Transactions of the Thoroton Society of Nottinghamshire* **87**, 23-35.
- BREESE, C.E. 1908a. Glazed pebbles in an old building near Llanbedr, Merionethshire. *Archaeologia Cambrensis* **8.3**, 267-272.
- BREESE, C.E. 1908b. Hospital of St. Mary the Virgin in Ardudwy, Merionethshire. *Archaeologia Cambrensis* **8.4**, 405-406.
- BURDON, E.R. 1925. St. Saviour's Hospital, Bury St. Edmunds. *Proceedings of the Suffolk Institute of Archaeology and Natural History* **19**, 255-285.
- CARDWELL, P. 1995. Excavation of the hospital of St Giles by Brompton Bridge, North Yorkshire. *Archaeological Journal* **152**, 109-245.
- CARTER, E.H. 1935. The Constitutions of the Hospital of St. Paul (Normanspitel) in Norwich. *Norfolk Archaeology* **25**, 342-353.
- CHRISTIE, P.M. & COAD, J.G. 1980. Excavations at Denny Abbey. *Archaeological Journal* **137**, 138-279.
- COBBETT, L. & PALMER, W.M. 1936. The Hospitals of St. John the Baptist and St. Mary Magdalene at Ely, and the remains of Gothic buildings still to be seen there at St. John's Farm. *Proceedings of the Cambridge Antiquarian Society* **36**, 58-108.
- CULE, J. 1970. The Diagnosis, Care and Treatment of Leprosy in Wales and the Border in the Middle Ages. *Transactions of the British Society for the History of Pharmacy* **1**, 29-58.
- DEMAITRE, L. 1985. The Description and Diagnosis of Leprosy by Fourteenth-Century Physicians. *Bulletin of the History of Medicine* **59**, 327-344.
- DENTON, J. & TAYLOR, B. 1998. The 1291 valuation of the ecclesiastical benefices of Llandaff diocese. *Archaeologia Cambrensis* **147**, 133-158.
- DURHAM, B. 1991. The Infirmary and Hall of the Medieval Hospital of St. John the Baptist at Oxford. *Oxoniensia* **56**, 17-75.
- EVANS, K.J. 1969. The Maison Dieu, Arundel. *Sussex Archaeological Collections* **107**, 65-77.
- FULLER, E.A. 1893. Cirencester hospitals. *Transactions of the Bristol and Gloucestershire Archaeological Society* **17**, 53-58.
- GILYARD-BEER, R. & COPPACK, G. 1986. Excavations at Fountains Abbey, North Yorkshire, 1979-80: the early development of the monastery. *Archaeologia* **108**, 147-188.
- GODFREY, W.H. 1929. Some Medieval Hospitals of East Kent. *Archaeological Journal* **86**, 99-110.
- GODFREY, W.H. 1930a. Sherborne: The hospital of St. John the Baptist and St. John the Evangelist. *Archaeological Journal* **87**, 427-429.

- GODFREY, W.H. 1930b. St. Saviour's Hospital, Wells. *Archaeological Journal* **87**, 462-464.
- GODFREY, W.H. 1947. Salisbury: The hospital of St. Nicholas and the chapel of St. John, Harnham Bridge. *Archaeological Journal* **104**, 149-150.
- GODFREY, W.H. 1953a. Northampton: St. John's Hospital. *Archaeological Journal* **110**, 181-182.
- GODFREY, W.H. 1953b. The Bede House, Higham Ferrers. *Archaeological Journal* **110**, 192-193.
- GODFREY, W.H. 1959. Medieval Hospitals in Sussex. *Sussex Archaeology* **97**, 130-136.
- GRAHAM, R. 1927. The Order of St. Antoine de Viennoise and its English commandery, St. Anthony's, Threadneedle Street. *Archaeological Journal* **84**, 341-406.
- HARRISON, A.C. 1969. Excavations on the site of St. Mary's Hospital, Strood. *Archaeologia Cantiana* **84**, 139-160.
- HAYES, J.P., WILLIAMS, D.E. & PAYNE, P.R. 1982. Reports of an excavation in the grounds of St. Bartholomew's Chapel, Chatham. *Archaeologia Cantiana* **98**, 177-189.
- HENDERSON, C. 1928. Records of St. John's Hospital near Helston. *Journal of the Royal Institute of Cornwall* **22** (iii), 382-407.
- HICKS, A. & HICKS, M. 1990. St. Gregory's Priory. *Canterbury's Archaeology* **1989/1990**, 1-5.
- HICKS, M.J., ANDERSON, T. & TATTON-BROWN, T. 1989. St. Gregory's Priory. *Canterbury's Archaeology* **1988/1989**, 15-24.
- HONEYBOURNE, M.B. 1963. The Leper Hospitals of the London Area. *Transactions of the London & Middlesex Archaeological Society* **21.1**, 1-61.
- HOWARD-DAVIS, C. & LEAH, M. 1999. Excavations at St. Nicholas Yard, Carlisle, 1996-7. *Transactions of the Cumbria and Westmoreland Antiquarian and Archaeological Society* **99**, 89-115.
- HUGO, T. 1872. The Hospital of St. Margaret, Taunton. *Proceedings of the Somerset Archaeological and Natural History Society* **18**, 100-135.
- HURST, H. 1974. Excavations at Gloucester, 1971-1973: second interim report. *The Antiquaries Journal* **54**, 8-52.
- INCLEDON, B. 1794. Account of the Hospital of St. Margaret, at Pilton in Devonshire. *Royal Society of Antiquaries, London* **12**, 211-214.
- JESSOP, O. 1996. The Medieval Hospital of Saint Mary Magdalene, Durham. *Archaeologia Aeliana* **1996**, 119-129.
- KIDSON, P. 1966. Winchester: Church and Hospital of St. Cross. *Archaeological Journal* **123**, 216-217.
- LEECH, R.H. & McWHIRR, A.D. 1982. Excavations at St John's Hospital, Cirencester, 1971 and 1976. *Transactions of the Bristol and Gloucestershire Archaeological Society* **100**, 191-209.
- MAROCHAN, K. & REED, K.W. 1959. Burton's Almshouse, Long Row, Bristol. *Transactions of the Bristol and Gloucestershire Archaeological Society* **78**, 119-128.
- MURRAY, K.M.E. 1935. Excavations on the site of the leper hospital, New Romney. *Archaeologia Cantiana* **47**, 198-204.

- NICHOLSON, H. 2002. The Sisters' House at Minwear, Pembrokeshire: analysis of the documentary and archaeological evidence. *Archaeologia Cambrensis* **151**, 109-138.
- PARFITT, K. 1991. St. John's Hospital North Reredorter, Canterbury. *Canterbury's Archaeology* **1990/1991**, 20-23.
- PARKER, G. 1922. Early Bristol medical institutions, the mediæval hospitals, and barber surgeons. *Transactions of the Bristol and Gloucestershire Archaeological Society* **44**, 155-178.
- PEERS, C.R. 1930. Glastonbury: Abbot Bere's Hospital and the hospital of St. Mary Magdalene. *Archaeological Journal* **87**, 443-444.
- PORTSMOUTH, O.S. 1970. The Cross Keys Inn, St. Mary Street, Swansea. *Gower* **20**, 1-10.
- RAWCLIFFE, C. 1984. The hospitals of later medieval London. *Medical History* **28**, 1-21.
- RIGOLD, S. 1964. Two Kentish hospitals re-examined: St. Mary Ospringe, and SS Stephen and Thomas, New Romney. *Archaeologia Cantiana* **79**, 31-69.
- SAMPSON, W.C. 1909. The almshouses of Bristol. *Transactions of the Bristol and Gloucestershire Archaeological Society* **32**, 84-108.
- SMITH, G.H. 1980. The excavation of the hospital of St. Mary of Ospringe, commonly called Maison Dieu. *Archaeologia Cantiana* **95**, 81-184.
- SOMERSCALES, M.I. 1965. Lazar Houses in Cornwall. *Journal of the Royal Institution of Cornwall* **5/1**, 61-99.
- VESEY, F.G. 1903. St. John's Hospital, Huntingdon. *Transactions of the Cambridgeshire and Huntingdonshire Archaeological Society* **1900-3**, 121-125.
- VON STADEN, H. (1996). In a pure and holy way: Personal and professional conduct in the Hippocratic Oath. *Journal of the History of Medicine and Allied Sciences* **51**, 404-437.
- WALCOTT, M.E.C. 1868. Inventory of St. Mary's Hospital or Maison Dieu, Dover. *Archaeologia Cantiana* **7**, 272-280.
- WILLIAMS, D.H. 1988. Catalogue of Welsh ecclesiastical seals as known down to A.D. 1600. Part V: other monastic seals. *Archaeologia Cambrensis* **137**, 119-134.
- WISEMAN, W. G. 1987. The Medieval Hospitals of Cumbria. *Transactions of the Cumberland & Westmorland Antiquarian & Archaeological Society* **87**, 83-100.

3. Unpublished Theses

- SATCHELL, M. 1998. *The emergence of leper-houses in medieval England, 1100-1250*. DPhil thesis, Oxford University.

4a. Web-Based Sources – On-line Books

- HARBEN, H.A. 1918. *A Dictionary of London*. London: Herbert Jenkins Ltd.
<http://www.british-history.ac.uk/source.asp?pubid=3>
- HOPE, R.C. 1893. *The Legendary Lore of the Holy Wells of England Including Rivers, Lakes, Fountains and Springs*. London: Elliot Stock.
<http://www.antipope.org/feorag/wells/hope/contents.html>
- LEWIS, S. 1846. *A Topographical Dictionary of Scotland*. London: S. Lewis & Co.
<http://www.british-history.ac.uk/report.asp?compid=43443>

RYE, W. 1917. *History of the Parish of Heigham in the City of Norwich*. Norwich: Roberts & Co.
<http://www.welbank.net/norwich/hist.html>

Victoria County Histories (On-line)

- ALLISON, K.J. (ed.). 1905. *York East Riding: Volume VI*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=189>
- COCKBURN, J.S., KING, H.P.F. & McDONNELL, K.G.T. (eds.). 1969. *Middlesex: Volume I*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=83>
- DITCHFIELD, P.H. & PAGE, W. (eds.). 1907. *Berkshire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=250>
- DOUBLEDAY, H.A. & PAGE, W. (eds.). 1904. *Bedfordshire: Volume I*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=251>
- DOUBLEDAY, H.A. & PAGE, W. (eds.). 1973. *Hampshire and the Isle of Wight: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=194>
- FARRER, W. & BROWNBILL, J. (eds.). 1908. *Lancashire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=199>
- GAYDON, A.T. (ed.). 1973. *Shropshire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=253>
- HARRIS, B.E. (ed.). 1980. *Cheshire: Volume III*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=240>
- HOSKINS, W.G. & McKINLEY, R.A. (eds.). 1954. *County of Leicestershire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=200>
- MALDEN, H.E. (ed.). 1967. *Surrey: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=210>
- PAGE, W. (ed.). 1905. *Buckinghamshire: Volume I*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=249>
- PAGE, W. (ed.). 1906a. *Lincoln: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=201>
- PAGE, W. (ed.). 1906b. *Norfolk: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=203>
- PAGE, W. (ed.). 1907a. *Derbyshire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=243>
- PAGE, W. (ed.). 1907b. *Durham: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=241>
- PAGE, W. (ed.). 1907c. *Gloucestershire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=240>
- PAGE, W. (ed.). 1907d. *Oxfordshire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=246>
- PAGE, W. (ed.). 1908a. *Dorset: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=242>
- PAGE, W. (ed.). 1908b. *Rutland: Volume I*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=252>

- PAGE, W. (ed.). 1908c. *Warwickshire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=208>
- PAGE, W. (ed.). 1909. *London: Volume I*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=202>
- PAGE, W. (ed.). 1910. *Nottinghamshire: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=245>
- PAGE, W. (ed.). 1926. *Kent: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=198>
- PAGE, W. (ed.). 1971. *Hertford: Volume IV*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=195>
- PAGE, W. (ed.). 1973. *Sussex: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=204>
- PAGE, W. (ed.). 1974. *York: Volume III*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=204>
- PAGE, W. (ed.). 1975. *Suffolk: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=211>
- PAGE, W., PROBY, G., & NORRIS, H.E. (eds.). 1926. *Huntingdonshire: Volume I*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=197>
- PAGE, W. & ROUND, J.H. (eds.). 1907. *Essex: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=239>
- PUGH, R.B. & CRITTALL, E. (eds.). 1956. *Wiltshire: Volume III*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=207>
- SALZMAN, L.F. (ed.). 1948. *Cambridgeshire & the Isle of Ely: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=254>
- SERJEANTSON, R.M. & ADKINS, W.R.D. (eds.). 1906. *Northampton: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=247>
- TILLOTT, P.M. (ed.). 1961. *Yorkshire: the City of York*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=183>
- TRINGHAM, N.J. (ed.). 2003. *Staffordshire: Volume IX*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=42>
- WILLIS-BUND, J.W. & PAGE, W. (eds.). 1971. *Worcester: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=205>
- WILSON, J. (ed.). 1905. *Cumberland: Volume II*. London: H.M.S.O.
<http://www.british-history.ac.uk/source.asp?pubid=256>

4b. Web-Based Sources – Online Journal Articles & Reports

- BUCKLEY, R. 1997. Abbey Park, Leicester: An Archaeological Desk Based Assessment and Survey. *University of Leicester Archaeological Services Report 97/12*.
<http://www.le.ac.uk/archaeology/modules/ar2026/abbeydeskstudy.pdf>
- CULE, J. 1977. Some Early Hospitals in Wales and the Border. *National Library of Wales Journal* 20/2.
<http://www.genuki.org.uk/big/wal/EarlyHospitals.html>

- DIXON, P.J., MacKENZIE, J.R., PERRY, D.R. & SHARMAN, P. 2002. The Origins of the Settlements at Kelso and Peebles, Scottish Borders. *Scottish Archaeological Internet Report* 2.
<http://www.sair.org.uk/sair2/sair2.pdf>
- HOPKINSON, D. 1999. Archaeological activities undertaken by English Heritage: Project 4.19.27. St. Mary Magdalen's Hospital, Colchester. *Archaeology Review*, 1997-98.
http://www.eng-h.gov.uk/ArchRev/rev97_8/mary.htm
- LILLEY, K., LLOYD, C. & TRICK, S. 2005. Mapping medieval urban landscapes: The design and planning of Edward I's new towns of England and Wales. *Antiquity* 79/303.
<http://antiquity.ac.uk/projgall/lilley/index.html>
- MacLENNAN, W.J. 2003. Medieval hospitals in Scotland: A cure for body or soul? *Journal of the Royal College of Physicians Edinburgh* 33 (12), 36-41.
http://www.rcpe.ac.uk/publications/articles/history_supplement/F_Medieval_Hospitals.pdf
- MANCO, J. 1996a. Caring for the Outcast. *Bath City Life* 1996 (January).
<http://www.building-history.pwp.blueyonder.co.uk/Bath/Medieval/Outcast.htm>
- MANCO, J. 1996b. Shelter in Old Age. *Bath City Life* 1996 (March).
<http://www.building-history.pwp.blueyonder.co.uk/Bath/Medieval/Shelter.htm>
- MANCO, J. 2003. Heritage of Mercy. *Medieval History* 2003 (November).
<http://www.building-history.pwp.blueyonder.co.uk/Articles/Heritage.htm>
- TURNBULL, S. 2003. Elias Davy – Croydon's forgotten Hero. *Bulletin of the Croydon Natural History and Scientific Society* 118, 2-4.
<http://www.greig51.freemove.co.uk/cnhss/bull118a.htm>
- UNIVERSITY OF LEICESTER ARCHAEOLOGICAL SERVICES. 2001. The Hospital of St. John the Baptist, Lutterworth. *ULAS Annual Report* 2001, 10-11.
<http://www.le.ac.uk/ulas/downloads/2001.pdf>

4c. Web-Based Sources – Web-Site Articles

- ALSFORD, S. 2004. *Florilegium urbanum: Death – The wills and testaments of three London grocers*.
<http://www.trytel.com/~tristan/towns/florilegium/lifecycle/lcdth12.html>
- ANDERSON, S. 1990. *The Human Skeletal Remains from St. Saviour's Hospital, Suffolk*.
<http://www.spoilheap.co.uk/stsav.htm>
- BATH & WESSEX MEDICAL HISTORY GROUP. 2005. *Medical Heritage of Great Britain*.
<http://www.medicalheritage.co.uk/index.htm>
- HAYES, D. Undated. *History of Eastbridge Hospital*.
http://www.eastbridgehospital.org.uk/pages/eastbridge_history.htm
- HERITAGE TRUST OF LINCOLNSHIRE. 2005. *Witham Abbeys*.
<http://www.lincsheritage.org/abbeyes/witham.html>
- HICKS, G. 2002. *Swansea, its Port and Trade and their Development*.
<http://www.genuki.org.uk/big/wal/GLA/Swansea/SwanseaPortTrade.html>
- HINSON, C. (ed.). 2002. *A History of Kingston on Hull from Bulmer's Gazetteer (1892)*.
<http://www.genuki.org.uk/big/eng/YKS/ERY/Hull/HullHistory/HullHistoryIndex.html>

- HISTOPALE ASSOCIATION. Undated. *L'hôpital , l'église et le presbytère de Saint Inglevert*.
<http://www.histopale.com/>
- KENT ARCHAEOLOGICAL SOCIETY. 2005. *Medieval & Tudor Kent P.C.C. & C.C.C. Wills: Transcriptions by L.L. Duncan*.
<http://www.kentarchaeology.org.uk/Research/Libr/Wills/WillsIntro.htm>
- LOWE, J., KEEPING, I.M., GOUGH, M. & RICHARDSON, K. 2002. *A History of Hospitals in and around the Chester area*.
<http://members.lycos.co.uk/hospital/>
- MANCO, J. 2004. *Medieval Hospitals of Bath*.
<http://www.building-history.pwp.blueyonder.co.uk/Bath/Medieval/Hospitals.htm>
- MARKHAM, M. 1997. *Medieval Hospitals*.
http://www.wantage.com/museum/Local_History/Medieval%20Hospitals.pdf
- QUICK, K.A. 2004. *Newport Pagnell*.
<http://met.open.ac.uk/genuki/big/eng/BKM/NewportPagnell/Index.html>
- ROYAL COMMISSION ON THE ANCIENT AND HISTORICAL MONUMENTS OF SCOTLAND. Undated. *St. Magnus Hospital and Chapel, Spittal*.
http://www.rcahms.gov.uk/pls/portal/newcanmore.newcandig_details_gis?inumlink=8329
- UNIVERSITY OF SHEFFIELD. Undated. *The Cistercians in Yorkshire*.
<http://cistercians.shef.ac.uk/index.php>
- WOODFIELD, J. Undated. *A Short History of Bridgnorth's Hospitals*.
<http://pers-www.wlv.ac.uk/~in2021/hospital.htm>
- WORCESTER CITY MUSEUMS. 2001. *The Commandery – Origins and Early History*.
<http://www.worcestercitymuseums.org.uk/comm/combuld/comori.htm>
- YORK ARCHAEOLOGICAL TRUST. 2004. *St. Leonard's Training Dig*.
<http://www.yorkarchaeology.co.uk/yordig>

5. Television Broadcasts

- TIME TEAM, 2001. *Winchester, Hampshire*. London: Channel Four Television Corporation.